COUNTY COUNCIL OF THE WEST RIDING OF YORKSHIRE

Sixty-ninth

ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER

AND

Fiftieth

ANNUAL REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

YEAR 1957

WEST RIDING HEALTH COMMITTEE

(as at 31.12.57)

CHAIRMAN

County Alderman N. Carter

VICE-CHAIRMAN

County Alderman J. W. Trickett

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Bednall, A.
Hudson, Major J. H., C.B.E., M.C. (*Chairman of the County Council*)
Hunter, Major J. C., M.C.
Hyman, W. M. (*Vice-Chairman of the County Council*)
Roberts, B.
Runton, Mrs. Ryder, C.B.E.
Smith, Mrs. E. E.
Sutcliffe, H.
Thackray, C., B.A.
Whittock, M.

COUNTY COUNCILLORS

Atkinson, D. W.
Atkinson, J. W., M.M.
Baynham, T.
Blackburn, J., O.B.E.
Cheetham, T.
Clarney, H.
Cockroft, H.
Crockatt, D. A.
Cutts, W.
Dawson, T. S., B.E.M.
Denton, Mrs. N.
Fortune, Mrs. N.
Guy, H.
Hanson, G. M.
Hardaker, Mrs. L.
Hardy, J.
Holt, R. B.
Illingworth, W. H.
Isles, F. B.
Keers, Mrs. S. E.
Mellor, J. W.
Metcalf, W. E.
Middleton, Mrs. M. D.
Miles, H.
Morris, W. A.
Newman, Mrs. M. G. M.
Pickersgill, A.
Prendergast, J.
Rankin, H.
Rhodes, Miss M. E.
Smith, J.
Stephens, Dr. J. A.
Sutcliffe, H. H.
Tennant, J. S., M.A.
Thompson, M., B.E.M.
Waddilove, G.
Whitehead, H.
Yorke, J.

WEST RIDING EDUCATION COMMITTEE

(as at 31.12.57)

CHAIRMAN

County Alderman J. Fuller Smith

VICE-CHAIRMAN

County Alderman W. M. Hyman
(*Vice-Chairman of the County Council*)

Representative Members:—

COUNTY ALDERMEN

Anson, C. E.
Creighton, M.
Flavell, A.
Geldard, Col. N., D.S.O., M.C.
Hudson, Major J. H., C.B.E., M.C. (*Chairman of the County Council*)
King, W.
Lane, J. W., B.E.M.
Runton, Mrs. Ryder, C.B.E. (*Chairman of the Finance Committee*)
Smith, Mrs. J.
Taylor, E., M.B.E.
Thackray, C., B.A.

COUNTY COUNCILLORS

Allen, W. E.
Bennett, H. V.
Boland, C. W.
Broughton, C. T.
Clegg, A. H.
Craven, A.
Crowther, A. C.
Derbyshire, S.
Dews, C.
England, Mrs. E. L., B.E.M.
Fitton, Mrs. C.
Fitzpatrick, Mrs. L. I.
Fortune, Mrs. N.
Green, Mrs. H. E., B.A.
Guest, G.
Hardaker, Mrs. L.
Martinson, J.
Morton, F.
Nicholson, G. H.
Oldham, J. F.
Payne, J. E.
Ratcliffe, Mrs. E.
Rhodes, J.
Smith, H.
Stott, S.
1 Vacancy

Added Members:—

Adshead, H. J.
Lawton, J. A., M.A., B.SC., M.ED.
Martin, Mrs. M., LL.B.
Morris, Sir Charles, M.A.
Priestley, R. E.
Rowe, Miss W. E. M.
Semmens, Mrs. H. W.
Warren, R. A. D., B.A.
White, Mrs. D. M., B.A.
Whittaker, Dr. J. M., F.R.S.

STANDING SUB-COMMITTEES OF THE WEST RIDING HEALTH COMMITTEE

Ambulance Sub-Committee.—All matters relating to the County Ambulance Service. (Section 27, National Health Service Act, 1946.)

Public Health Sub-Committee.—Matters relating to the Pharmacy and Poisons Act, 1933; Housing (Rural Workers) Acts, 1926 and 1942; Housing Act, 1936; Rural Water Supplies and Sewerage Acts, 1944-55; Nurses' Acts, 1943-45; Vaccination and Immunisation (Section 26), Venereal Diseases, Public Health Propaganda (Section 28), under the National Health Service Act, 1946; Food and Drugs Act, 1955; Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949-53; Shops Act, 1950; and all other powers and duties of the Health Authority not delegated to another Standing Sub-Committee.

Mental Health Sub-Committee.—All matters relating to the duties of the Local Health Authority under the Lunacy and Mental Treatment Acts and the Mental Deficiency Acts, and the care and after-care of persons suffering from mental illness or mental defectiveness. (Sections 28 and 51, National Health Service Act, 1946.)

Welfare Sub-Committee.—Arrangements for the prevention of illness, the care of persons suffering from illness other than mental illness, or the after-care of such persons. (Section 28, National Health Service Act, 1946, and the Public Health (Tuberculosis) Regulations, 1952.)

Arrangements for promoting the welfare of persons who are blind, deaf or dumb and other persons who are substantially and permanently handicapped by illness, injury, or congenital deformity, or such other disabilities as may be prescribed by the Minister of Health, and arrangements with Voluntary Organisations therefor. (Sections 29 and 30, National Assistance Act, 1948.)

Assistance grants to voluntary organisations providing meals or recreational facilities for old people. (Section 31, National Assistance Act, 1948.)

Arrangements for the protection of property of persons admitted to hospitals, etc. (Section 48, National Assistance Act, 1948.)

The recovery of charges and expenses where permissible in respect of all services provided by the Health Committee.

The West Riding Distress Fund.

Welfare Accommodation Sub-Committee.—The provision and management of residential accommodation for persons who, by reason of age, infirmity or any other circumstances, are in need of care and attention which is not otherwise available to them. (Sections 21-24, National Assistance Act, 1948.)

Arrangements with Voluntary Organisations and other Local Authorities for the provision of accommodation in property maintained by them. (Section 26, National Assistance Act, 1948.)

The registration of disabled persons or aged persons homes. (Sections 37-39, National Assistance Act, 1948.)

Registration of charities for disabled persons. (Section 41, National Assistance Act, 1948.)

Care of Mothers and Young Children and Nursing Services Sub-Committee.—The duties of the County Council in respect of Nursing Homes (Sections 187-194) and Notification of Births (Section 203), under the Public Health Act, 1936; the care of mothers and young children (Section 22), domiciliary midwifery (Section 23), health visiting (Section 24), home nursing (Section 25) and domestic help (Section 29) services under the National Health Service Act, 1946; the Nursery and Child Minders Regulation Act, 1948; and the Midwives Act, 1951.

JOINT STANDING SUB-COMMITTEE OF THE WEST RIDING HEALTH AND EDUCATION COMMITTEES

Divisional, School Health and Dental Services Sub-Committee.—All matters appertaining to the Divisional Health Administration (Section 111, Local Government Act, 1933); and the School Health and County Dental Services. (Education Act, 1944.)

STANDING SUB-COMMITTEE OF THE WEST RIDING EDUCATION COMMITTEE

Special Services Sub-Committee.—All matters appertaining to the ascertainment of handicapped pupils and the provision of special educational treatment. (Education Act, 1944.)

SUMMARY OF CONTENTS

To the Chairman and Members of the Health Committee.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the Annual Report on the public health and preventive medical services in the West Riding Administrative Area for the year 1957.

The request for the preparation of the Annual Report for 1957 was contained in Ministry of Health Circular 1/58 dated 13th January, 1958, and indicated that it should, in the main, follow the usual lines, but that information would be appreciated specially on the effectiveness of the home nursing services in relieving the pressure on hospitals; developments following the meetings on Ante Natal Care related to Toxaemia inaugurated by Ministry of Health Circular 9/56; and arrangements for publicising the connection between tobacco smoking and cancer of the lung as recommended in Circular 7/57. These subjects are dealt with in Part IV of the Report.

It has not been the custom to mention the departures from the staff in this introduction owing to the numbers involved each year, but 1957 was notable for the resignations of four senior members with long service to the County Council. Mr. H. Bywater with 47 years' service, most of it in connection with Mental Deficiency, retired in January; Miss O'Brien and Miss Carey, Superintendents of Health Visitors, retired in May and June respectively, and Miss E. M. Taylor, Non-Medical Supervisor of Midwives, retired in October. To all of these, who spent many, many years assiduously carrying out their duties, I wish a long and happy retirement.

Miss Taylor received the M.B.E. in the 1958 New Year's Honours List and Mr. B. R. Townend, Chief Dental Officer, the O.B.E. Congratulations are extended to both on this Royal recognition of their services.

Finally, I must add the usual but none the less sincere thanks to the officers of other departments for their most helpful co-operation at all material times, and to the staff of my department for their ever-loyal and willing services.

I am,
Yours faithfully,
J. WOOD-WILSON
County Medical Officer.

May, 1958.

PART I

VITAL STATISTICS

Area and Population

On 1st April, 1957, the area of Tadcaster R.D. and the Administrative County was reduced by 2,846 acres: 2,322 acres containing a population, as at 1951 Census, of 661 were transferred to Leeds C.B.; and 524 acres with 44 population, as at 1951 Census, were transferred to York C.B.

After the above changes, the area and population of the Administrative County and the Aggregates of Municipal Boroughs and Urban Districts, and Rural Districts were as under:—

	Municipal Boroughs and Urban Districts	Rural Districts	Administrative County
Area (acres)	380,328	1,226,585	1,606,913
Population:			
Census, 1951	1,161,588	427,530	1,589,118
Estimated (mid-1957)	1,172,300	451,700	1,624,000

Number of Municipal Boroughs, 13; Urban Districts, 55; Rural Districts, 21; Total 89.

Summary for 1957

The live birth rate was 16·6; the stillbirth rate per 1,000 live and stillbirths 24; the live premature birth rate per 1,000 live births was 70. The death rate from all causes was 11·7; diphtheria nil; whooping cough 0·003; measles 0·003; meningococcal infections (cerebro-spinal fever, etc.) 0·008; acute poliomyelitis 0·004; tuberculosis of the lungs (respiratory system) 0·08; other forms of tuberculosis 0·01; respiratory diseases 1·22; cancer 1·87; heart and circulatory diseases 4·30 per 1,000 population. Infant mortality was 26 and maternal mortality 0·51 per 1,000 live and stillbirths.

A comparison of the figures for the past 68 years is given in the following table:—

Year	Live Birth Rate	Death Rate All Causes	Zymotic Death Rate	Tuberculosis of lungs Death Rate	Other Tuberculous Diseases Death Rate	Respiratory Diseases Death Rate	Cancer Death Rate	Stillbirths per 1,000 total births	Maternal Mortality per 1,000 total births	Infant Mortality
1890–1909	28·9	16·7	1·89	1·19	0·52*	3·20	0·77*	†	†	147
1910–1919	22·5	14·5	1·26	0·84	0·41	2·58	0·98	†	†	112
1920–1929	20·2	12·4	0·56	0·68	0·25	2·08	1·20	†	†	82
1930	16·9	11·4	0·33	0·57	0·20	1·35	1·33	45	5·96	65
1931	16·1	12·4	0·38	0·57	0·16	1·64	1·32	45	5·56	74
1932	15·8	12·1	0·39	0·52	0·17	1·33	1·46	48	4·97	70
1933	15·0	12·2	0·30	0·49	0·14	1·36	1·42	47	5·94	70
1934	15·2	11·7	0·41	0·44	0·12	1·16	1·44	48	5·53	58
1935	15·0	11·9	0·28	0·48	0·10	1·13	1·48	47	4·34	58
1936	15·1	12·3	0·29	0·44	0·12	1·25	1·51	45	4·16	63
1937	15·2	12·7	0·21	0·46	0·11	1·23	1·60	45	3·74	60
1938	15·5	11·6	0·23	0·38	0·11	0·99	1·55	44	3·58	51
1939	15·2	12·2	0·18	0·41	0·10	1·01	1·52	42	2·92	54
1940	15·3	13·4	0·18	0·42	0·11	1·94	1·58	40	3·13	56
1941	15·4	12·3	0·22	0·42	0·12	1·43	1·68	39	2·61	57
1942	17·0	11·7	0·18	0·42	0·12	1·26	1·65	36	3·23	49
1943	17·8	12·7	0·19	0·43	0·12	1·63	1·72	34	2·40	50
1944	20·2	12·1	0·12	0·37	0·09	1·32	1·79	31	1·92	44
1945	17·9	12·3	0·19	0·38	0·09	1·36	1·80	30	1·73	51
1946	19·7	11·9	0·13	0·36	0·08	1·31	1·72	29	1·80	44
1947	21·5	12·3	0·16	0·39	0·09	1·37	1·80	26	1·28	45
1948	18·5	11·3	0·12	0·37	0·07	1·29	1·74	24	1·15	39
1949	17·2	12·1	0·08	0·32	0·05	1·44	1·81	24	0·83	38
1950	16·3	11·8	0·10	0·25	0·04	1·18	1·83	24	0·98	35
1951	15·8	12·7	0·10	0·24	0·04	1·48	1·80	26	0·93	32
1952	15·4	11·5	0·07	0·16	0·03	1·11	1·92	25	0·80	30
1953	15·7	11·6	0·08	0·16	0·02	1·20	1·88	25	0·51	29
1954	15·1	11·9	0·08	0·16	0·02	1·16	2·01	26	0·89	28
1955	15·3	11·7	0·07	0·11	0·01	1·17	1·90	26	0·67	26
1956	16·4	11·8	0·07	0·11	0·02	1·22	1·89	23	0·52	27
1957	16·6	11·7	0·07	0·08	0·01	1·22	1·87	24	0·51	26

* This rate is for the 10 years 1900—1909.

† Figures not available.

In the foregoing table, the birth and death rates are per 1,000 estimated population; the stillbirth and the maternal mortality rates are per 1,000 total births (i.e. per 1,000 live plus stillbirths); the infant mortality rates are per 1,000 live births.

The incidence of, and the mortality from smallpox, enteric fever including paratyphoid fever, scarlet fever, diphtheria, measles, whooping cough, and diarrhoea in infants under two years of age was formerly considerably more than those of other infectious diseases. They were thus classified as the seven principal zymotic or infectious diseases, and it was customary to give a combined death rate therefrom denominated the "zymotic diseases death rate", or the "zymotic death rate". The zymotic death rates shown above are on this basis up to and including that for the year 1949. The mortality from all of these seven diseases has declined considerably and in some cases is now below that of some infectious diseases not included in the classification. Therefore, the combined mortality from the zymotic or infectious diseases is now best shown by a combined death rate from infective and parasitic diseases excluding tuberculosis, influenza, acute primary and influenzal pneumonia, enteritis and certain localised infections. The rates from and including 1950 are shown on this new basis.

The respiratory diseases death rate is the combined death rate from bronchitis, pneumonia, and other respiratory diseases excluding tuberculosis and influenza.

Births and Infant Mortality

There were 26,920 live births registered during the year, compared with 26,468 in the previous year and an average of 24,953 for the years 1952–1956. The corresponding rates per 1,000 of the population were 16·6, 16·4 and 15·6 respectively. The rate for 1957 is the highest recorded since 1949, but it is too early to say whether the increases noted in 1956 and 1957 are merely interruptions of the downward trend of the rate which has obtained since the post-war peak or if they indicate the commencement of a new trend.

The practice of relating births to the total population, although convenient and conventional, may be misleading, since only a fraction of the population is capable of child-bearing. Comparisons of crude rates between different areas are not strictly valid since they take no account of the varying sex-age composition of the population of the areas. To overcome this difficulty a comparability factor, which allows for the varying proportion of women of child-bearing age in each local population, is applied to the crude live birth rates. The adjusted live birth rates for the past six years for the aggregates of Boroughs and Urban Districts, Rural Districts, the Administrative County and England and Wales are given in the subjoined table:

Year	Boroughs and Urban Districts	Rural Districts	Administrative County	England and Wales
1952	15·4	16·4	15·7	15·3
1953	15·5	17·3	16·0	15·5
1954	14·8	16·4	15·3	15·2
1955	14·9	16·8	15·4	15·0
1956	16·0	17·9	16·5	15·7
1957	16·2	17·9	16·7	16·1

Of the 26,920 live births 967 or 3·6 per cent. were registered as illegitimate, compared with 3·7 per cent. in 1956 and in the quinquennium 1952–1956. The proportion of illegitimate births, having been stable for many years around 4 per cent., rose during the war years, but since has declined gradually and has regained stability at a figure slightly less than pre-war.

The number of stillbirths registered during the year was 658, which is equivalent to a rate of 23·9 per 1,000 live and stillbirths. This represents an increase of 0·8 per 1,000 total births on the rate for 1956. When compared with the reductions which were effected in the period 1929 to 1947, during which the rate fell from 47·0 to 25·8, it is disturbing that for several years there has been little progress which has had any appreciable effect on these rates.

Deaths of infants under one year numbered 711 which, when related to the 26,920 live births, gives an infant mortality rate of 26·4 per 1,000 live births, which is second only to 1955 in being the lowest rate ever recorded for the Administrative County. The rate, however, continues to be higher than the corresponding national rate of 23·0 and there appears to be ample room for improvement.

The trend of the infant mortality rate since the beginning of the century in the Administrative County is shown in the following table:—

Period	Average Infant Mortality Rate	Period	Average Infant Mortality Rate
1900–1909	139	1945–1949	43
1910–1919	112	1950–1954	31
1920–1929	82	1955	26
1930–1939	62	1956	27
1940–1944	51	1957	26

72 per cent. of the infant deaths were at ages under 28 days and, as indicated in the following table, although in recent years substantial reductions have been made in mortality rates at ages in the post-neonatal period (between one month and one year), there has been no appreciable decline in the neonatal mortality rate. In the short period covered by the table infant mortality fell by 17 per cent., post-neonatal mortality by 42 per cent., but neonatal mortality showed no tendency to decrease.

	Number of Deaths							Deaths per 1,000 Live Births						
	1951	1952	1953	1954	1955	1956	1957	1951	1952	1953	1954	1955	1956	1957
Male Infants—														
Under 4 weeks	297	285	265	252	253	307	301	22·8	22·6	20·3	20·2	20·0	22·5	21·7
4 weeks—3 months ..	72	46	62	61	50	37	39	5·5	3·6	4·8	4·9	3·9	2·7	2·8
3—6 months	61	47	56	52	42	51	33	4·7	3·7	4·3	4·1	3·3	3·8	2·4
6—12 months	53	38	43	36	24	25	35	4·1	3·0	3·3	2·9	1·9	1·8	2·5
Total under 1 year ..	483	416	426	401	369	420	408	37·1	32·9	32·7	32·1	29·1	30·8	29·4
Female Infants—														
Under 4 weeks	176	205	200	189	175	214	208	14·6	17·2	16·7	16·2	14·6	16·7	16·0
4 weeks—3 months ..	51	45	43	37	36	28	37	4·2	3·8	3·6	3·2	3·0	2·2	2·8
3—6 months	54	36	27	32	38	25	33	4·5	3·0	2·2	2·7	3·2	1·9	2·5
6—12 months	34	34	37	18	27	31	25	2·8	2·9	3·1	1·6	2·3	2·4	1·9
Total under 1 year ..	315	320	307	276	276	298	303	26·1	26·9	25·6	23·7	23·1	23·2	23·2
All Infants—														
Under 4 weeks	473	490	465	441	428	521	509	18·8	20·0	18·6	18·3	17·4	19·7	18·9
4 weeks—3 months ..	123	91	105	98	86	65	76	4·9	3·7	4·2	4·0	3·5	2·4	2·8
3—6 months	115	83	83	84	80	76	66	4·6	3·4	3·3	3·5	3·2	2·9	2·5
6—12 months	87	72	80	54	51	56	60	3·5	2·9	3·2	2·2	2·1	2·1	2·2
Total under 1 year ..	798	736	733	677	645	718	711	31·8	30·0	29·3	28·0	26·2	27·1	26·4

The table below shows the number of deaths and death rates per 1,000 live births at certain ages in the neonatal period. It shows that more infants died in the first day of life than in the remaining six days of the first week. Indeed, 86 per cent. of the infants who died under 28 days did not survive the first week.

	Number of Deaths							Deaths per 1,000 Live Births						
	1951	1952	1953	1954	1955	1956	1957	1951	1952	1953	1954	1955	1956	1957
Under 1 day	176	229	198	184	185	235	237	7·0	9·3	7·9	7·6	7·5	8·9	8·8
1—7 days	221	183	190	193	180	210	200	8·8	7·5	7·6	8·0	7·3	7·9	7·4
1—4 weeks..	76	78	77	64	63	76	72	3·0	3·2	3·1	2·7	2·6	2·9	2·7
Total under 4 weeks ..	473	490	465	441	428	521	509	18·8	20·0	18·6	18·3	17·4	19·7	18·9

The number of infant deaths assigned to the groups of diseases comprising the International Short List appears in the table on page 12, but to obtain a proper appreciation of the causes of death a finer analysis is given in the following table:—

Ætiological Group	Cause of Death (and International Classification number)	Age at Death						
		Under 1 day	1 day and under 1 week	1 week and under 1 month	1 month and under 3 months	3 months and under 6 months	6 months and under 1 year	Total under 1 year
ALL CAUSES	All Causes	237	200	72	76	66	60	711
Prenatal and Natal Group (including congenital malformations)	Congenital malformations (750–759)	28	19	28	23	13	8	119
	Total causes mainly of prenatal and natal origin other than congenital malformations	196	161	18	1	—	—	376
	Immaturity alone, or primary to diseases other than early infancy (774, 776)	100	47	6	—	—	—	153
	Attributed to maternal toxaemia (769)	2	2	—	—	—	—	4
	Ill-defined diseases of early infancy (773)	1	4	2	—	—	—	7
	Postnatal asphyxia and atelectasis (762)	58	54	3	—	—	—	115
	Intracranial and spinal injury at birth (760)	22	41	7	1	—	—	71
	Other birth injury (761)	2	4	—	—	—	—	6
	Erythroblastosis (770)	10	3	—	—	—	—	13
	Haemorrhagic disease of newborn (771)	1	6	—	—	—	—	7
Postnatal Group	Total causes mainly of postnatal origin	8	16	23	45	46	41	179
	Gastro-enteritis (including diarrhoea of newborn) (571, 764)	—	—	3	7	6	8	24
	Pneumonia and bronchitis (490–493, 763, 500–502)	4	10	13	32	27	21	107
	Other diseases of respiratory system (470–475, 510-527)	—	1	1	—	2	1	5
	Causes classified as infective (001–138): others mainly infective in origin (340, 391–393, 480–483, 765–768)	—	4	5	3	7	7	26
	Whooping Cough (056)	—	—	—	1	1	2	4
	Measles (085)	—	—	—	—	1	—	1
	Influenza (480–483)	—	—	—	—	2	3	5
	Otitis media and mastoiditis (391–393)	—	—	—	—	1	1	2
	Septicaemia; sepsis of newborn (053, 765–768)	—	2	1	1	—	—	4
	Tuberculosis other than tuberculous meningitis (001–008, 011–019)	—	—	—	—	1	—	1
	Meningococcal infections and non-meningococcal meningitis (057, 340)	—	2	4	—	—	1	7
	Causes classified as infective not specified above (remainder 001–138)	—	—	—	1	1	—	2
	Accidental mechanical suffocation from vomit, food, foreign body, or in cot (E921–E925)	—	1	1	2	4	2	10
	Lack of care (E926)	4	—	—	1	—	—	5
	Other accidental causes (remainder E800–E999)	—	—	—	—	—	2	2
Unclassified	Other remaining causes	5	4	3	7	7	11	37

Over 80 per cent. of the deaths in the first week were due to conditions which, for the most part, arise before, or at, birth, and a further 11 per cent. were due to congenital malformations. Numerically the most important causes of death in the first week were immaturity alone or primary to other diseases of early infancy (34 per cent.), postnatal asphyxia and atelectasis (26 per cent.) and birth injuries (16 per cent.).

At ages 1 week to 12 months the diseases associated with environment are predominant with pneumonia and bronchitis causing 34 per cent. of the deaths in the age group, gastro-enteritis 9 per cent. and infective diseases 8 per cent.

It is apparent that the loss of infant life immediately before birth or shortly afterwards constitutes the greatest problem. The line between stillbirth and early neonatal death is not easily defined, and research is proceeding into the causes of perinatal mortality, the term used to describe the combination of stillbirths and deaths under 1 week. Our knowledge of the causes of perinatal mortality is meagre, and it is hoped that the national survey, to take place early in 1958 by the National Birthday Trust Fund, will indicate the measures necessary to achieve a reduction in mortality.

The following table shows the perinatal mortality rate and the death rate of infants aged one week and over since 1947:—

	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957
Perinatal mortality (per 1,000 total births)	42·2	39·2	40·0	39·2	41·3	41·0	39·8	41·1	40·8	39·5	39·7
Infant deaths at one week and over (per 1,000 total births)	27·1	23·0	21·4	18·6	15·6	12·9	13·4	12·1	11·1	10·1	9·9

It will be seen that, apart from the slight increase in 1953, the death rate of infants at ages over 1 week has progressively declined, the rate for 1957 being 63 per cent. less than that of 1947. There has been, however, no corresponding reduction in the perinatal mortality rate, which remains stable around 40 per 1,000 total births.

The major problem of perinatal mortality is premature or immature birth, and the experience of 1957 was that slightly over half the stillbirths and two-thirds of the deaths under 1 week weighed 5½ lb. or less at birth. Many of the infants lived no longer than a few hours or, at most, a week, and, although conforming to the definition of live birth, on the death certificates of no less than 30 infants the period of gestation was given as being under 28 weeks.

Deaths

The number of deaths registered during the year and allocated to the Administrative County was 18,936, which represents a crude death rate of 11·7 per 1,000 population, fractionally lower than in 1956, but the same as the average for the years 1952–56.

As the age and sex distribution of the population varies from area to area crude death rates, although based on actual occurrences, do not give an accurate comparative mortality index. For example, of two areas of the same acreage and total population, the one containing the larger proportion of elderly people almost certainly will have higher mortality and, correspondingly, a higher crude death rate, although the environmental conditions may be the same, if not better, than in the other. To enable proper comparisons of the mortality factors operating in one area to be made with those of other areas, and with the country as a whole, it is necessary to make allowances for the differing constitution of the population and to apply a "weighting" factor to the crude rates.

The adjusted death rates from all causes for the past six years for the Administrative County, the aggregates of Boroughs and Urban Districts, Rural Districts, also the rates for England and Wales are as follows:—

Year	Boroughs and Urban Districts	Rural Districts	Administrative County	England and Wales
1952	12·3	10·8	12·0	11·3
1953	12·6	10·4	12·1	11·4
1954	12·8	11·4	12·5	11·3
1955	12·7	11·0	12·3	11·7
1956	13·1	12·0	12·9	11·7
1957	12·9	12·0	12·7	11·5

The general trend of mortality is indicated in the table on page 6, from which it will be seen that the crude death rate has remained relatively stable for a number of years, but as a consequence of the change in age structure of the population, in future years there may well be a return to the rates obtaining 40 to 50 years ago. The following table gives details of death rates per 1,000 living in the age group from all causes by sex and age in 1957 and the last four Census years:—

	Males								Females							
Year	0–	1–	5–	15–	25–	45–	65+	All Ages	0–	1–	5–	15–	25–	45–	65+	All Ages
1911	174·4	22·0	3·0	3·7	5·9	20·8	95·2	16·2	143·5	20·9	3·1	3·1	5·5	17·2	84·6	14·8
1921	120·7	13·4	2·5	3·4	5·2	15·9	84·9	13·5	88·5	12·6	2·1	3·1	4·8	13·6	71·9	11·8
1931	89·1	10·0	2·6	3·1	4·3	16·7	85·8	13·0	65·3	9·3	2·5	3·0	4·0	13·2	76·9	11·9
1951	38·0	1·7	0·8	1·2	2·4	14·4	91·4	13·7	26·3	1·3	0·4	0·8	1·7	9·3	72·2	11·8
1957	30·9	1·0	0·6	1·2	2·0	13·9	79·3	12·7	24·4	1·0	0·3	0·5	1·5	8·3	62·4	10·7
Percentage reduction 1911 to 1957	82	95	80	68	66	33	17	22	83	95	90	84	73	52	26	28

The death rates show a rapid decline from the high rates in infancy to a minimum in the age group 5–14 years; thereafter the rates increase, gradual at first, but becoming more marked at higher ages.

When a comparison is made of the mortality of males in 1911 and 1957 it will be seen that large reductions were made in all age groups, notably at ages under 15 years. From age 15 upwards the improvement was still considerable, but decreased progressively with increasing age.

The mortality rates for females present an even more favourable picture. With one exception, which was identical, the death rates for each age group were less than the corresponding rates for males. A comparison of the mortality rates experienced in 1911 and 1957 also was more favourable.

In 1957 mortality of males exceeded that of females by 978. At ages under 45 years there was an excess of male mortality due to accidents and coronary disease. At higher ages male deaths from cancer, especially of the lung and bronchus, coronary disease, bronchitis and respiratory tuberculosis were more numerous than females, but the male excess at these ages was offset by a greater prevalence of female deaths from vascular lesions of the nervous system and other heart disease.

Child Mortality.—In 1957, 100 children between the ages of 1 and 5 years died, compared with 101 in 1956, 115 in 1955 and an average of 136 in the years 1950–1954; the corresponding mortality rates per 1,000 children in the age group being 1·02, 1·05, 1·17 and 1·29 respectively.

When compared with mortality obtaining prior to World War I the experience of recent years is remarkable. In the quinquennium 1911–1915 childhood deaths accounted for 10·7 per cent. of all deaths; in 1957 the percentage was 0·5. Many of the causes which once were responsible for great loss of child life have been virtually eliminated, e.g. tuberculosis, respiratory diseases, diarrhoea, and many of the lesser known diseases, and it is disappointing that mortality from other infective and parasitic diseases in 1957 increased. Part of the increase was due to deaths from meningococcal infection and poliomyelitis, but it is more than offset by the welcome reduction in accidental deaths. It is apparent, however, that the hard core of mortality has not yet been reached, for there are still a number of deaths which, if suitable precautions were taken, would be preventable.

The table below gives, for certain periods, the number of deaths of children aged 1–5 years from the various causes and the death rates per 1,000 children living in the age group in the Administrative County:—

Cause of Death	Annual Averages for Quinquennia						1955	1956	1957
	1911–15	1927–31	1935–39	1940–44	1945–49	1950–54			
Measles	439	107	27	18	10	4	4	1	1
Whooping cough	167	67	29	20	11	5	1	2	—
Diphtheria	110	47	51	32	5	1	—	—	—
Other infective and parasitic diseases, excl. Tuberculosis	54	45	18	13	7	9	7	5	15
Tuberculosis, respiratory	47	13	5	4	4	1	—	—	—
Tuberculosis, other	201	82	37	39	30	11	3	3	2
Cancer	3	5	4	6	4	9	12	7	10
Heart and circulatory diseases	4	3	2	1	1	—	—	1	—
Influenza	6	43	10	11	4	2	—	—	6
Pneumonia	457	321	121	85	42	19	11	14	15
Bronchitis	150	42	10	17	9	6	5	7	5
Other diseases of respiratory system	49	15	6	5	3	2	4	1	—
Diarrhoea and other digestive diseases	248	45	38	23	17	4	6	2	4
Congenital debility, malformations	12	9	7	10	12	13	20	8	10
Accidents	82	54	50	47	38	27	24	30	20
Other causes	323	119	52	45	30	23	18	20	12
All causes	2,352	1,017	467	376	227	136	115	101	100
Death rate per 1,000 living in the age group	17·13	10·62	5·09	4·17	2·23	1·29	1·17	1·05	1·02

Principal Causes of Death.—With approximately two-thirds of the total deaths occurring in persons aged 65 years or over, as in recent years the commonest causes, or cause-groups, of death were, in descending order, heart and circulatory diseases, vascular lesions of nervous system, malignant neoplasms, pneumonia and bronchitis. These causes accounted for 14,995 deaths, or 79·2 per cent. of total deaths. The relative frequency of these causes of death is indicated in the following table:—

Cause of Death	1955		1956		1957	
	Number of Deaths	Death rate per 1,000 population	Number of Deaths	Death rate per 1,000 population	Number of Deaths	Death rate per 1,000 population
Heart and circulatory diseases ..	7,075	4·39	7,230	4·47	6,978	4·30
Vascular lesions of nervous system	3,058	1·90	3,009	1·86	3,172	1·95
Malignant neoplasms	3,052	1·90	3,066	1·89	3,045	1·87
Pneumonia and bronchitis	1,711	1·06	1,803	1·11	1,800	1·11
(a) Totals	14,896	9·25	15,108	9·33	14,995	9·23
(b) Deaths and death rates—all causes	18,887	11·73	19,105	11·81	18,936	11·66
Percentage col. (a) to col. (b) ..	78·9		79·1		79·2	

The table below gives the number of deaths in 1957 allocated to the Administrative County classified to age and cause:—

Cause of Death	Age at Death—Years								
	Under 1 year	1 and under 5	5 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and under 75	75 and over	Total
1. Tuberculosis, respiratory	1	—	—	1	27	56	28	15	128
2. Tuberculosis, other	—	2	1	3	2	12	1	—	21
3. Syphilitic disease	—	—	—	—	1	8	14	5	28
4. Diphtheria	—	—	—	—	—	—	—	—	—
5. Whooping cough	4	—	—	—	1	—	—	—	5
6. Meningococcal infections	1	7	2	1	—	1	1	—	13
7. Acute poliomyelitis	—	2	—	2	3	—	—	—	7
8. Measles	1	1	1	1	1	—	—	—	5
9. Other infective and parasitic diseases ..	3	6	1	3	4	17	7	8	49
Total—Infective and Parasitic Diseases excl. Tuberculosis	*9*	*16*	*4*	*7*	*10*	*26*	*22*	*13*	*107*
10. Malignant neoplasm, stomach	—	—	—	—	24	162	177	154	517
11. Malignant neoplasm, lung, bronchus ..	—	—	—	—	28	299	157	55	539
12. Malignant neoplasm, breast	—	—	—	—	18	153	62	65	298
13. Malignant neoplasm, uterus	—	—	—	—	12	70	33	29	144
14. Other malignant and lymphatic neoplasms	2	2	15	9	82	486	460	414	1,470
15. Leukaemia, aleukaemia	1	8	5	2	11	25	18	7	77
Total—All forms of Cancer	*3*	*10*	*20*	*11*	*175*	*1,195*	*907*	*724*	*3,045*
16. Diabetes	—	—	4	1	5	32	47	38	127
17. Vascular lesions of nervous system ..	1	—	1	1	39	528	938	1,664	3,172
18. Coronary disease, angina	—	—	—	—	53	938	1,128	905	3,024
19. Hypertension with heart disease	—	—	—	—	3	76	147	207	433
20. Other heart disease	1	—	3	6	88	367	651	1,632	2,748
21. Other circulatory disease	—	—	—	1	15	112	216	429	773
Total—Heart and Circulatory Diseases ..	*1*	—	*3*	*7*	*159*	*1,493*	*2,142*	*3,173*	*6,978*
22. Influenza	5	6	8	15	21	69	72	44	240
23. Pneumonia	86	15	5	2	24	113	167	313	725
24. Bronchitis	21	5	2	1	23	274	365	384	1,075
25. Other diseases of respiratory system ..	5	—	2	2	19	65	48	38	179
Total—Diseases of the Resp. Sys. incl. Influenza and excl. Tuberculosis	*117*	*26*	*17*	*20*	*87*	*521*	*652*	*779*	*2,219*
26. Ulcer of stomach and duodenum ..	—	—	—	1	6	41	53	35	136
27. Gastritis, enteritis and diarrhoea ..	24	4	—	2	5	9	15	19	78
28. Nephritis and nephrosis	—	—	1	10	26	57	36	52	182
29. Hyperplasia of prostate	—	—	—	—	—	8	29	65	102
30. Pregnancy, childbirth, abortion	—	—	1	2	8	3	—	—	14
31. Congenital malformations	119	10	10	4	9	13	6	1	172
32. Other defined and ill-defined diseases ..	419	11	15	16	85	301	275	456	1,578
33. Motor vehicle accidents	—	6	13	35	46	30	23	22	175
34. All other accidents	17	14	20	21	64	94	71	172	473
35. Suicide	—	—	—	12	41	101	46	14	214
36. Homicide and operations of war ..	—	1	6	1	2	3	1	1	15
Total—Accidents, Suicide and Violence ..	*17*	*21*	*39*	*69*	*153*	*228*	*141*	*209*	*877*
Total—All Causes	711	100	116	155	796	4,523	5,292	7,243	18,936

The reduction in the number of deaths from tuberculosis has continued. There were 49 fewer deaths from the respiratory form and 6 fewer from other forms of the disease than in 1956.

The number of deaths from infective and parasitic diseases (107) approximated in total to that of 1956, but when individual cause groups are considered, increases were made by deaths from meningococcal infections, acute poliomyelitis, measles, and other infective and parasitic diseases, being compensated for by reductions in whooping cough and, to a far greater extent, syphilitic disease, which claimed 29 fewer deaths.

There was a slight reduction in mortality from malignant neoplasms, including leukaemia and aleukaemia, as compared with 1956; the number of deaths at various sites is shown on page 14.

Deaths assigned to vascular lesions of the nervous system increased over previous years, maintaining its position at the head of the diseases which are separately classified.

In total the number of deaths classified to heart and circulatory diseases showed a decrease as compared with 1956, the gains made by hypertension with heart disease, other heart disease, and other circulatory disease to some extent being offset by the continued increase in deaths from coronary disease, angina.

The influenza epidemic exacted its toll of deaths; those assigned to influenza and pneumonia increased by 118 and 10 per cent. respectively over the previous year, but, rather surprisingly, deaths specifically assigned to bronchitis decreased.

Deaths caused by violence vary little from year to year. In 1957 deaths from accidents were fewer than in 1956, but suicide increased by 32 to 214, the highest annual total recorded.

Tuberculosis.—In 1957 there were 149 deaths from all forms of tuberculosis, representing a rate of 0·09 per 1,000 population, by far the lowest recorded. Mortality from the disease, apart from the setbacks during the two world wars and the years immediately following the second, has progressively decreased. In recent years the rate of decrease has gained momentum; during the years 1947–1951 the number of deaths averaged 580, in the quinquennium 1952–1956 the number had fallen to 255, and the experience of 1957 suggests that the conquest of the disease is in sight.

Slightly less than 86 per cent. of the deaths were from the respiratory forms of the disease. They numbered 128, with a resultant death rate of 0·08 per 1,000 population, compared with 177 (0·11) in 1956 and 223 (0·14) for the average of the years 1952–1956. Deaths from other forms of tuberculosis numbered 21, equivalent to a death rate of 0·01 per 1,000 population, compared with 27 deaths and a rate of 0·02 in 1956 and 32 (0·02) for the average of the years 1952–1956.

Evidence would suggest that males over 45 years now constitute the crux of the problem of tuberculosis, but the very gratifying reduction in mortality, due to the efficiency of control and more effective treatment, must not be allowed to create apathy nor encourage any relaxation of effort towards combating the disease.

During the year further parts of the Administrative County were declared to be specified areas in which the retail sale of milk for human consumption is restricted to that which is pasteurised, sterilised or tuberculin tested. At the end of the year 64 County Districts, containing 76 per cent. of the population of the Administrative County, were included in such areas, and notice had been received of a further area, containing 8 County Districts, to operate early in 1958.

Infective and Parasitic Diseases.—This group of diseases consists of the principal epidemic and certain communicable diseases which, together, replace the zymotic classification in operation prior to 1950.

Deaths assigned to this cause group numbered 107, compared with 109 in 1956 and 116 for the average of the years 1952–1956. Mortality from syphilitic disease declined from 57 in 1956 to 28 in 1957, and it is very satisfactory that for the seventh successive year there has been no death under 1 year from the disease. Absence of deaths from diphtheria continued for the third year in succession, indeed, there have been only 3 deaths from this cause since 1950. Mortality from whooping cough remains low, but it is more fatal in infants than at any other age. The number of deaths from the remaining separately classified diseases all increased slightly as compared with the previous year, but case fatality ratios continued to be low.

Cancer.—Deaths from this group of diseases, including leukaemia, numbered 3,045, equivalent to a death rate of 1·87 per 1,000 population, the lowest recorded since 1951. While this decrease in mortality is welcome, it must not be regarded as the commencement of a new trend in the rate, for although better diagnostic facilities enable treatment to be begun earlier, the increasing proportion of elderly people in the population may more than offset the advantage gained.

Deaths allocated to sex and principal sites since 1950 are given in the subjoined table:—

Year		Stomach	Lung, Bronchus	Breast	Uterus	Other Malignant and Lymphatic Neoplasms	Leukaemia, Aleukaemia	Total All Sites
1950	M.	294	280	1	—	820	30	1,435
	F.	290	57	250	142	725	19	1,485
	T.	584	337	251	142	1,545	49	2,908
1951	M.	302	302	—	—	855	26	1,485
	F.	228	58	253	166	636	31	1,372
	T.	530	360	253	166	1,491	57	2,857
1952	M.	358	335	—	—	899	30	1,622
	F.	218	60	284	157	681	32	1,432
	T.	576	395	284	157	1,580	62	3,054
1953	M.	298	381	5	—	811	33	1,528
	F.	242	63	283	156	680	38	1,462
	T.	540	444	288	156	1,491	71	2,990
1954	M.	349	404	1	—	886	29	1,669
	F.	264	61	285	172	719	40	1,541
	T.	613	465	286	172	1,605	69	3,210
1955	M.	301	393	2	—	842	46	1,584
	F.	214	72	305	153	684	40	1,468
	T.	515	465	307	153	1,526	86	3,052
1956	M.	298	439	5	—	773	38	1,553
	F.	203	80	272	145	780	33	1,513
	T.	501	519	277	145	1,553	71	3,066
1957	M.	301	473	2	—	832	39	1,647
	F.	216	66	296	144	638	38	1,398
	T.	517	539	298	144	1,470	77	3,045

It will be seen that lung and bronchus has assumed the position of leading site of malignant growth from stomach, the remainder of the separately classified sites maintaining their relative positions.

During 1957 cancer of lung and bronchus accounted for 539 deaths (473 males, 66 females), which once again is the highest annual total recorded. Deaths from this group increased by 4 per cent. over the previous year and by 60 per cent. as compared with deaths in 1950. Mortality in males is pronounced and shows a progressive increase year by year. The incidence of lung cancer is widely accepted to be associated with tobacco smoking and, to some extent, with atmospheric pollution.

On 27th June the Minister of Health drew attention to the Medical Research Council Report on smoking and cancer of the lung. The Medical Research Council concluded that the most reasonable interpretation of the very great increase in deaths from lung cancer in males during the past 25 years is that a major part of it is caused by smoking tobacco, particularly heavy cigarette smoking. Steps taken to ensure that this opinion is brought effectively to the public's notice and the endeavours made to make smoking amongst school children an unfashionable accomplishment are referred to in Health Education on page 55.

In order to attempt an evaluation of the relationship of tobacco smoking and air pollution acting together as a cause of lung cancer, Dr. Stocks of the British Empire Cancer Campaign is undertaking a survey in selected County Districts to which reference is made on page 88.

Vascular Lesions of the Nervous System.—In this group (cerebral haemorrhage, etc.) there were 3,172 deaths, which represent 17 per cent. of deaths all causes and a death rate of 1·95 per 1,000 population. This cause maintained its position as chief killing disease, for which a separate classification is provided, and it is significant that 29·6 per cent. of the deaths were of persons aged 65 to 74 years and 52·5 per cent. aged 75 years or more.

The number of deaths assigned to this group of diseases, apart from the slight recession in 1956, has progressively increased in the years since 1950, when the revised International Classification was introduced. At ages under 45 years there was no appreciable sex variation, but at older ages mortality was heavier in females, being especially apparent in the 75 years and over group.

Heart and Circulatory Diseases.—Mortality from this group of diseases was less in 1957 than in the previous three years. There were 6,978 deaths, equivalent to a rate of 4·30 per 1,000 population, compared with 7,230 deaths and a rate of 4·47 in 1956 and 7,055 (4·40) for the average of the years 1952–1956.

As with other diseases mainly associated with middle and old age, the number of deaths ascribed to the arteriosclerotic or degenerative categories, although liable to fluctuations from year to year, cannot be expected to decrease generally in an ageing population. Slightly more than 76 per cent. of the deaths were of persons aged 65 years or over, with 21 per cent. between the ages of 45 and 64 years. At ages under 45 years there was a slight excess of male deaths, at ages from 45 to 74 years male deaths were significantly greater, but at higher ages deaths of females were $1\frac{1}{3}$ times heavier.

The upward trend of mortality from coronary disease, angina, continued; 64 more deaths being assigned to this cause than in the previous year and 394 more than the average for the years 1952–1956. As is usual, there was an excess of male mortality, which was especially evident at ages 45 to 64 years.

The number of deaths assigned to the cause group, other heart disease, has progressively declined since 1951, the deaths in 1957 being 216 less than in 1956 and 450 fewer than for the 1952–1956 average

In the remaining cause groups the number of deaths tends to fluctuate with no definite trend apparent.

The number of deaths and the mortality rates per 1,000 of the population in each of the years 1950–57 are as follows:—

Year	Coronary disease, angina		Hypertension with heart disease		Other heart disease		Other circulatory disease		Total	
	No. of Deaths	Death Rate	No. of Deaths	Death Rate	No. of Deaths	Death Rate	No. of Deaths	Death Rate	No. of Deaths	Death Rate
1950	2,037	1·28	495	0·31	3,751	2·36	698	0·44	6,981	4·39
1951	2,234	1·41	511	0·32	4,017	2·53	733	0·46	7,495	4·72
1952	2,370	1·49	376	0·24	3,482	2·19	691	0·43	6,919	4·35
1953	2,364	1·49	404	0·25	3,330	2·09	684	0·43	6,782	4·26
1954	2,736	1·71	472	0·30	3,222	2·01	839	0·52	7,269	4·54
1955	2,721	1·69	503	0·31	2,989	1·86	862	0·54	7,075	4·39
1956	2,960	1·83	471	0·29	2,964	1·83	835	0·52	7,230	4·47
1957	3,024	1·86	433	0·27	2,748	1·69	773	0·48	6,978	4·30

Diseases of the Respiratory System.—Deaths from this group of diseases—influenza, pneumonia, bronchitis and other diseases of the respiratory system numbered 2,219, compared with 2,087 in the previous year. The principal individual causes were bronchitis 1,075 (1,142 in 1956), pneumonia 725 (661) and influenza 240 (110).

Influenza and pneumonia are usually more active during the first quarter of the year, and it was in many ways fortunate that the widespread epidemic of influenza occurred in the late summer/autumn period. Even so, the epidemic took its toll of death, and it is estimated that more than 100 of the 240 deaths during the year were directly attributable to the epidemic. Some of the deaths were of debilitated people, but there were others who survived the initial infection and were apparently, recovering, but deteriorated rapidly and, within a short time, died of staphylococcal pneumonia.

The number of deaths from pneumonia (725) also increased as compared with the previous year, and was greater by 123 than the average for the years 1952–1956; indeed, the number of deaths was the highest recorded since 1943. As noted in previous Reports, pneumonia remains a major cause of death, but in many cases the pneumonia was probably no more than a terminal manifestation, and frequently was the cause of death of old or debilitated persons. Over two-thirds of the deaths were of persons aged 65 years or over, and the number of deaths bears little relationship to the number of notifications of the disease.

Mortality from the cause group, other diseases of the respiratory system, shows little variation to previous years; 179 deaths were assigned to this group, as compared with 174 in 1956 and 166 for the 1952–1956 average.

Deaths from bronchitis numbered 1,075, 67 fewer than in 1956 and 38 fewer than the 1952–1956 average. There was a preponderance of male mortality in the ratio of $2\frac{1}{2}$: 1 with the age at death following the pattern of recent years in that mortality was high in infants under 1 year of age, negligible at ages to 44 years, thereafter progressively increasing. Indeed, 70 per cent. of the deaths were of persons aged 65 and over.

Maternal Mortality.—In the group pregnancy, childbirth and abortion, deaths numbered 14, the same as in 1956, but with the slightly increased number of births the equivalent death rate per 1,000 total live and still births decreased fractionally from 0·52 to 0·51. This rate is the same as in 1953, which was the lowest ever recorded in the Administrative County, but, even so, it is slightly higher than the corresponding rate for England and Wales of 0·47.

The table below shows the number of deaths and the mortality rate for the past 29 years for the Administrative County:—

Year	No. of deaths			Mortality Rate per 1,000 live and still births		
	Puerperal and post abortive sepsis	Other maternal causes	Total	Puerperal and post abortive sepsis	Other maternal causes	Total
1929	58	76	134	2·16	2·83	4·99
1930	63	99	162	2·32	3·64	5·96
1931	57	88	145	2·19	3·37	5·56
1932	50	77	127	1·96	3·01	4·97
1933	48	96	144	1·98	3·96	5·94
1934	54	82	136	2·20	3·33	5·53
1935	43	62	105	1·78	2·56	4·34
1936	39	61	100	1·62	2·54	4·16
1937	21	69	90	0·87	2·87	3·74
1938	25	62	87	1·03	2·55	3·58
1939	19	51	70	0·79	2·13	2·92
1940	22	53	75	0·92	2·21	3·13
1941	17	48	65	0·68	1·93	2·61
1942	25	59	84	0·96	2·27	3·23
1943	18	46	64	0·68	1·72	2·40
1944	18	40	58	0·60	1·32	1·92
1945	14	32	46	0·53	1·20	1·73
1946	14	41	55	0·46	1·34	1·80
1947	7	36	43	0·21	1·07	1·28
1948	3	31	34	0·10	1·05	1·15
1949	4	19	23	0·15	0·68	0·83
1950	*	*	26	*	*	0·98
1951	*	*	24	*	*	0·93
1952	*	*	20	*	*	0·80
1953	*	*	13	*	*	0·51
1954	*	*	22	*	*	0·89
1955	*	*	17	*	*	0·67
1956	*	*	14	*	*	0·52
1957	*	*	14	*	*	0·51

* Deaths from puerperal and post abortive sepsis are no longer given separately.

With deaths from puerperal sepsis having declined considerably since the early 1930s, toxaemia and haemorrhage have become the major causes of maternal mortality. The decrease in the rates for maternal mortality other than from sepsis are attributable to a variety of causes, of which ante natal supervision, better health and improved social conditions contribute. More marriages are taking place at younger ages and a further factor may be the age of the mothers and, to some extent, the decrease in the size of families.

The death rates per 1,000 total births in the period 1952 to 1956 are shown in more detail in the table below. The figures for 1957 are not available.

Cause of Death	1952		1953		1954		1955		1956	
	W.R. Admin. County	England and Wales	W.R. Admin. County	England and Wales	W.R. Admin. County	England and Wales	W.R. Admin. County	England and Wales	W.R. Admin. County	England and Wales
Maternal sepsis (not associated with abortion)	—	0·09	0·08	0·10	0·04	0·09	0·12	0·11	0·04	0·07
Toxaemias of pregnancy and puerperium (not associated with abortion)	0·32	0·21	0·16	0·24	0·16	0·19	0·12	0·16	0·11	0·16
Abortion with or without mention of sepsis or toxaemia	0·12	0·13	0·04	0·11	0·36	0·11	—	0·10	0·07	0·10
Other complications of pregnancy, childbirth and the puerperium	0·36	0·29	0·23	0·30	0·32	0·30	0·44	0·27	0·30	0·23
Total Maternal Mortality	0·80	0·72	0·51	0·75	0·89	0·70	0·67	0·64	0·52	0·56

Violence.—The number of deaths caused by violence varies little from year to year. Although deaths in 1957 from accidents (648) were fewer than in 1956 (690), suicides increased by 32 to 214, the highest annual total recorded.

Motor vehicle accidents accounted for 175 deaths, 13 less than in 1956. At ages under 75 years mortality was heavier among males, and was especially pronounced in the age group 15 to 44 years, in which the male to female ratio was 7 : 1.

Accidental deaths attributed to causes other than by motor vehicles have been divided according to the place of accident, in the home or elsewhere, and in the table below, which gives the cause of deaths from violence during the past four years, it will be seen that deaths in the home in 1957 made up, as usual, the greatest individual group of fatal accidents.

Year	Motor Vehicle Accidents	Accidents in the Home	All other Accidents	Suicide	Homicide and operations of war	Total Accidents, Suicide, Homicide
1954	167	238	236	157	11	809
1955	177	240	267	183	12	879
1956	188	244	258	182	8	880
1957	175	245	228	214	15	877

During 1957, 245 people died from the effects of home accidents. This total is well in excess of the number of deaths from certain diseases which create apprehension in the minds of the public but, whether it be apathy, or whatever the reason, public opinion seems largely oblivious to this toll of lives which, to some extent, is preventable. An impressive list could be made of the measures which could be taken to make the home safe, but the human element is paramount, and no precautions can be effective unless the co-operation of the people themselves is forthcoming.

The cause of accidental deaths in the home is as shown below:—

Cause of Death		Age at Death						
		Under 1 year	1–	5–	45–	65–	75 and over	Total
Accidental poisoning by solid and liquid substances.	M.	—	—	1	1	—	1	3
	F.	—	—	—	—	—	—	—
Accidental poisoning by gases and vapours	M.	—	—	1	2	2	3	8
	F.	—	—	1	—	5	12	18
Accidental falls	M.	1	1	1	5	14	36	58
	F.	—	1	—	5	24	80	110
Accidents caused by burns and scalds	M.	—	2	—	1	—	2	5
	F.	1	1	2	3	3	3	13
Accidental mechanical suffocation	M.	4	1	2	2	1	—	10
	F.	6	—	1	2	1	—	10
Accidental drowning and submersion	M.	—	—	—	—	—	—	—
	F.	—	—	1	—	—	—	1
Other and unspecified accidents	M.	—	—	1	1	—	—	2
	F.	—	—	1	—	—	6	7
Total	M.	5	4	6	12	17	42	86
	F.	7	2	6	10	33	101	159

79 per cent. were persons aged 65 years or over, and it is unlikely that, with increasing numbers of people, particularly women, reaching older ages, there will be any diminution in the number of fatalities in future years.

It will be seen that accidental falls were the main cause, accounting for 168, or 69 per cent., of the total deaths from accidents in the home; 92 per cent. of the deaths were of persons aged 65 years or over, with females more vulnerable. Approximately a third of the falls were classified as "unspecified", which is a reflection of the high proportion of these old people who lived alone.

The second highest cause was accidental poisoning by gases and vapours which caused 26 deaths. Many of these deaths were of old people from coal gas poisoning. This is a special problem for some had turned the gas on but, due to various reasons, e.g. being interrupted or momentary loss of memory, had failed to light it.

Accidental mechanical suffocation was the next heaviest contributor with 20 deaths, of which no fewer than 10 were of infants under 1 year. Of these 10 deaths, 6 were due to suffocation in bed or cradle, the remainder caused by inhalation of food or vomit causing obstruction or suffocation.

Accidents caused by burns and scalds contributed 18 deaths of which 15 were by fire. Among these, 6 were of children under 10 years of age, the same number as persons 65 or over, which indicates the menace of the unguarded open fire.

PART II

EPIDEMIOLOGY

Incidence and Notification of Infectious Disease

Smallpox, *cholera*, *diphtheria*, *membranous croup*, *erysipelas*, *scarlet fever*, and the fevers known by any of the following names, *typhus*, *typhoid*, *enteric*, or *relapsing*, are compulsorily notifiable under Section 144 of the Public Health Act, 1936; *chicken-pox* is notifiable under Section 147 of the same Act in some West Riding County Districts; *food poisoning* under Section 26 of the Food and Drugs Act, 1955. The following communicable diseases are compulsorily notifiable under the regulations stated in brackets—*measles and whooping cough* (Measles and Whooping Cough Regulations, 1940); *meningococcal infection*, *acute poliomyelitis—paralytic and non-paralytic*, *and acute encephalitis—infective and post-infectious* (Acute Poliomyelitis, Acute Encephalitis and Meningococcal Infection Regulations, 1949); *ophthalmia neonatorum* (Ophthalmia Neonatorum Regulations, 1926, 1928 and 1937); *puerperal pyrexia* (Puerperal Pyrexia (Amendment) Regulations, 1954); *tuberculosis* (Tuberculosis Regulations, 1952); *malaria*, *dysentery and acute primary and influenzal pneumonia* (Infectious Diseases Regulations, 1953); *plague* (Notification of Case of Plague (General) Regulations, 1900). The contagious diseases of syphilis, gonorrhoea and soft chancre (classed under the term venereal diseases) and scabies are not compulsorily notifiable.

The following table shows the number of cases in 1957 of each "notifiable" disease, being the numbers of cases originally notified and the final numbers after corrections subsequently made by the notifying medical practitioner or by the Infectious Diseases Consultant, because of revised diagnosis as a result of bacteriological reports or further observation of cases since notification:—

AGE GROUP	Scarlet Fever		Whooping Cough		Acute Poliomyelitis (Paralytic)		Acute Poliomyelitis (Non-paralytic)		Measles		Diphtheria		Dysentery		Meningococcal Infection	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Numbers originally notified .. (All Ages)	669	633	1,016	1,072	42	39	8	20	14,613	13,752	1	—	855	731	41	32
	1,302		2,088		81		28		28,365		1		1,586		73	
Final numbers after correction																
Under 1 year ..	3	1	104	106	5	1	—	1	492	467	—	—	37	26	8	9
1—2 years ..	14	7	112	129	2	4	—	—	1,338	1,267	—	—	51	45	3	2
2—3 ,, ..	44	36	101	98	6	6	—	1	1,736	1,711	—	—	55	40	5	6
3—4 ,, ..	57	48	114	129	7	5	1	—	1,986	1,854	—	—	41	50	1	2
4—5 ,, ..	91	70	155	152	3	2	—	1	2,096	1,966	—	—	61	48	2	—
5—9 ,, ..	362	379	392	401	5	7	1	5	6,527	6,114	—	—	215	142	7	4
10—14 ,, ..	66	61	26	34	1	4	1	—	278	224	—	—	67	40	1	3
15—24 ,, ..	9	13	7	4	2	2	1	3	74	61	—	—	43	56	4	2
25 and over ..	7	7	5	15	9	7	2	—	29	52	—	—	150	186	1	4
Age unknown	2	—	3	2	—	—	—	—	52	28	—	—	13	11	—	—
Total (all ages)	655	622	1,019	1,070	40	38	6	11	14,608	13,744	—	—	733	644	32	32
	1,277		2,089		78		17		28,352		—		1,377		64	

AGE GROUP	Acute Pneumonia		Smallpox		Acute Encephalitis (Infective)		Acute Encephalitis (Post-infectious)		Enteric or Typhoid Fever		Paratyphoid Fevers		Erysipelas		Food Poisoning	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Numbers originally notified .. (All Ages)	717	608	—	—	4	5	4	2	1	—	2	3	99	80	168	145
	1,325		—		9		6		1		5		179		313	
Final numbers after correction																
Under 5 years ..	101	88	—	—	1	2	1	—	—	—	1	—	1	1	34	19
5—14 years ..	70	73	—	—	1	2	1	1	—	—	1	—	9	4	30	24
15—44 ,, ..	183	166	—	—	1	—	—	1	—	—	—	—	21	17	50	51
45—64 ,, ..	235	145	—	—	—	1	1	—	—	—	—	1	51	41	15	17
65 and over ..	130	128	—	—	—	—	—	—	—	—	—	—	15	16	5	8
Age unknown	—	5	—	—	—	—	—	—	—	—	—	—	2	1	18	19
Total (all ages)	719	605	—	—	3	5	3	2	—	—	2	1	99	80	152	138
	1,324		—		8		5		—		3		179		290	

	Numbers originally notified	*Numbers after correction*
Puerperal Pyrexia	77	77
Ophthalmia Neonatorum ..	7	7
Chicken-pox	359†	Not corrected
Malaria	—	—

† Chicken-pox is compulsorily notifiable only in certain County Districts

The table below affords a comparison with the preceding eight years:—

Disease	*Number of corrected notifications (Chicken-pox not corrected)*								
	1949	1950	1951	1952	1953	1954	1955	1956	1957
Scarlet Fever	3,191	2,506	1,792	2,176	2,991	1,993	1,633	1,496	1,277
Whooping Cough	3,947	7,669	6,933	5,865	5,821	3,252	3,112	4,265	2,089
Diphtheria	66	32	10	4	1	4	—	—	—
Measles	16,489	15,763	25,194	13,938	19,853	5,558	29,357	3,281	28,352
Acute Pneumonia (primary or influenzal)	1,456	1,207	1,739	1,366	1,585	1,144	1,121	1,098	1,324
*Meningococcal Infection	*60*	55	57	50	37	41	39	71	64
Acute Poliomyelitis (paralytic)	250	150	90	103	101	44	244	35	78
Acute Poliomyelitis (non-paralytic)		41	58	28	25	20	86	28	17
*Acute Encephalitis (infective)	*2*	6	5	6	7	4	2	3	8
*Acute Encephalitis (post-infectious)	—	3	14	1	3	4	4	2	5
Dysentery	73	1,117	837	370	455	1,454	1,310	2,685	1,377
Ophthalmia Neonatorum	37	39	29	23	20	17	15	13	7
Puerperal Pyrexia	98	125	128	151	141	131	136	98	77
Smallpox	—	—	—	—	14	—	—	—	—
Enteric or Typhoid Fever (excluding Paratyphoid)	3	9	—	2	2	5	5	1	—
Paratyphoid Fever	11	4	62	4	10	30	25	14	3
Erysipelas	429	405	312	273	302	307	263	186	179
†Chicken-pox	827	465	797	1,350	739	694	370	474	359
§Malaria	2	1	2	5	14	9	2	2	—
Food Poisoning	329	346	138	192	329	276	346	572	290
Tuberculosis:									
Respiratory	1,478	1,297	1,296	1,337	1,223	1,084	1,033	866	802
Other Forms	431	348	285	296	247	206	205	184	132
Total (Tuberculosis)	1,909	1,645	1,581	1,633	1,470	1,290	1,238	1,050	934

*These terms replace others in use before 1st January, 1950, for certain groups of diseases and are consistent with the international standard classification of diseases, which was brought into general use on 1st January, 1950. More or less, the term "meningococcal infection" covers the same disease as the former term "cerebro-spinal fever", but also covers a somewhat wider group of diseases; "acute encephalitis (infective)" replaces the former term "encephalitis lethargica"; "acute encephalitis (post-infectious)" covers the forms of encephalitis occasionally following or associated with certain well defined infections, e.g., chicken-pox, measles, mumps and vaccinia and is to bring about the notification of cases showing late effects of acute encephalitis (infective). The figures in italics in the above table show the number of cases notified under the former terms.

† Chicken-pox is compulsorily notifiable only in certain County Districts, and the figures given do not, therefore, represent the full number of cases occurring in the Administrative County.

§ All the cases of malaria shown in the above table were believed to be contracted abroad.

Scarlet Fever

The incidence of scarlet fever continued to fall and during the year 1,277 corrected notifications were received, the lowest total ever recorded. As is usual, notifications were more numerous in the first and fourth quarters of the year.

The heaviest incidence was in the younger school child, 58 per cent. of all notifications referring to children in the 5 to 9 years age group.

During the past thirty to forty years this disease has lost much of its virulence and, like other infections of childhood, it is more dangerous in the young child. Fortunately the infection continues to be a mild one and fatalities rare.

The attack rate per 1,000 of the population for the Administrative County was 0·79 compared with 0·66 for England and Wales. Although notifications came from the majority of County Districts the disease was most prevalent in the following: Worsbrough U.D. with an attack rate of 5·10; Hemsworth U.D. 4·50; Knottingley U.D. 4·26; Wombwell U.D. 3·37; Normanton U.D. 2·91; Hoyland Nether U.D. 2·85; Denby Dale U.D. 2·10.

Whooping Cough

This disease has been notifiable generally since 1940 and while the number of notifications has fluctuated from year to year there has been no regular periodicity. Compared with the previous year there was a decrease of 2,176 notifications to 2,089, the lowest annual total recorded.

The seasonal distribution of the disease followed its usual pattern with greater prevalence occurring in the early part of the year.

The attack rate in the Administrative County was 1·29 per 1,000 population and in England and Wales 1·89. The rate varied throughout the County, the highest incidence being in Ripponden U.D., attack rate 8·48; Thorne R.D. 6·70; Sowerby Bridge U.D. 3·96; Kiveton Park R.D. 3·47; Goole M.B. 3·45; Stocksbridge U.D. 3·09; Hebden Royd U.D. 3·07; Knottingley U.D. 2·96; Horsforth U.D. 2·60 and Worsbrough U.D. 2·55.

Whooping cough remains a disease of childhood, 57·4 per cent. of the notifications arose in children under 5 years of age and 38·0 per cent. in children aged 5 to 9 years.

A slight preponderance of female cases again occurred and they accounted for 51 per cent. of the total. The female to male ratio however appears to be on the decline; it has fallen from 1 : 0·86 in 1954, 1 : 0·92 in 1955, 1 : 0·94 in 1956 to 1 : 0·95 in 1957. That there is a greater risk to females than males has long been noted and is also endorsed with regard to deaths under 1 year (1M : 3F).

Age plays a great part in the outcome of the infection. The majority of deaths take place under 1 year of age and in negligible proportions at higher ages; in 1957 the case fatality ratio in children under 1 year was 1·90 per 100 notifications compared with 0·75 in 1956 and 0·85 in 1955.

Immunisation against Whooping Cough.—For the greater part of the year, the Authority's scheme for whooping cough immunisation remained unchanged from previous years, a single vaccine being provided at the Authority's expense.

For a number of years, a combined diphtheria/whooping cough vaccine has been available through commercial channels and numerous requests have been made for the Authority to provide such a vaccine, primarily because of the fewer number of injections needed to protect a child against both diseases than when separate antigens are given. In the absence of any general guidance from the Ministry of Health, these requests have been resisted.

On the 4th July, 1957, the Ministry issued Circular 8/57 to Local Health Authorities following advice given to the Minister by the Central Health Services Council as a result of the publication in 1956 of a report of the Committee of the Medical Research Council on Inoculation Procedures. The Circular stated that the Minister was now satisfied that an effective plain whooping cough vaccine could now be produced and Local Health Authorities were urged to offer vaccination against whooping cough. In commenting on the use of combined vaccines, the Circular stated that where these were used, special regard should be taken to the prevalence of poliomyelitis infection in the locality and to the period of the year when there is the highest risk of provoking paralysis due to poliomyelitis by injection procedures.

Following receipt of the Ministry's circular, the question of future policy with regard to immunisation procedures against diphtheria, whooping cough, and tetanus (tetanus toxoid being available separately or combined with diphtheria and whooping cough antigens), was discussed by the Standing Sub-Committee on Co-operation with General Practitioners on the 25th July, 1957 and later by the West Riding Local Medical Committee on the 13th September, 1957. The Local Medical Committee agreed:

1. That the weight of opinion was in favour of using separate antigens for whooping cough and diphtheria with formol toxoid as advised by the Ministry.
2. That facilities for immunisation against tetanus be made available.

   It was also understood that if any medical practitioner, bearing in mind the risks involved, consider it expedient to use the non alum-containing combined vaccines, these will also be supplied.

As a result of these discussions, both separate and combined antigens were made available to the Authority's medical officers and general practitioners from October, 1957.

This revised policy has not resulted in any other changes in the Authority's scheme for immunisation against whooping cough. The aim remains to immunise at 6 months of age or earlier, and immunisation is not given after a child attains 4 years of age. During the year, 11,576 received a full course of immunisation against whooping cough and since facilities were introduced in 1952, a total of 55,239 children have been immunised under the Authority's scheme. Forty thousand six hundred and twenty-eight of these were in the age group 0—4 years inclusive, representing 33 per cent. of the total population in this age group.

Diphtheria

Twenty to twenty-five years ago the average annual number of notifications of diphtheria was around 2,500. Since then there has been a dramatic decline and it is gratifying being able to report that for the third year in succession there was no confirmed case in the Administrative County. In the 1930s the annual number of deaths fluctuated between 95 and 261 and, as will be seen from the table below which covers the period of highest and lowest incidence and mortality, since 1950 there have been only 3 deaths.

Year	Number of corrected notifications	Number of deaths	Year	Number of corrected notifications	Number of deaths
1933	1,652	122	1946	551	17
1934	3.062	261	1947	221	4
1935	3,175	209	1948	153	9
1936	2.261	150	1949	66	5
1937	2,337	138	1950	32	1
1938	2,560	142	1951	10	—
1939	1,983	95	1952	4	—
1940	1,896	110	1953	1	—
1941	1,996	104	1954	4	2
1942	1,686	85	1955	—	—
1943	1,539	75	1956	—	—
1944	1,130	49	1957	—	—
1945	862	30			

Diphtheria Immunisation.—The number of children who received immunisation during 1957, together with figures for previous years, are shown in the following table:—

Year	No. of children who completed a full course of immunisation			No. of children who were given a re-inforcing injection
	Under 5	5—14	Total	
1948	20,958	6,220	27,178	19,274
1949	20,728	7,162	27,890	18,071
1950	14,836	3,961	18,797	13,929
1951	16,606	5,567	22,173	17,092
1952	15,798	5,298	21,096	23,390
1953	13,768	4,893	18,661	22,614
1954	15,207	5,013	20,320	22,515
1955	13,566	4,516	18,082	18,663
1956	14,874	4,367	19,241	18,130
1957	15,032	4,803	19,835	15,034

Although there was little change in the total number of children who completed a primary course of immunisation during the year, there was a marked improvement in the number who received immunisation before their first birthday. Nine thousand one hundred and eighty-nine children under 12 months of age were immunised, representing 36 per cent. of the total number of children of this age, compared with 2,623 (10 per cent.) in 1956 and 1,781 (7½ per cent.) in 1955. Although this improvement is to be welcomed, there is a long way to go before the aim is achieved of ensuring the immunisation of at least 75 per cent. of children before they attain their first birthday.

The following table gives details of the immunisation state at the end of the year of the child population 0—14 years inclusive, compared with previous years:—

NUMBER IMMUNISED

Year	Under 5	Percentage of population under 5	5–14	Percentage of population 5–14	Total under 15	Percentage of population under 15
1948	59,795	44·1	139,194	65·0	198,989	56·9
1949	64,811	46·7	143,966	65·8	208,777	58·4
1950	66,484	47·9	150,179	67·1	216,663	59·7
1951	66,077	47·4	150,177	70·1	216,254	61·5
1952	60,885	46·4	177,875	74·8	238,760	64·7
1953	54,304	42·9	198,151	81·4	252,455	68·2
1954	55,990	45·2	217,052	87·5	273,042	73·4
1955	53,180	43·6	224,126	88·3	277,306	73·8
1956	53,147	43·6	233,120	90·2	286,267	75·2
1957	54,572	44·1	231,100	89·2	285,672	74·6

Measles

Measles is usually more prevalent in the winter months, the incidence following a biennial periodicity with a peak during April and a nadir in August. Nineteen fifty-seven was an epidemic year and the number of cases notified, 28,352, was the second highest total recorded since notification was introduced in 1940.

The epidemic began, as was anticipated, in the autumn of 1956 developing slowly until February but thereafter increasing irregularly until reaching its peak at the end of April. The number of notifications remained high throughout the early part of the summer but decreased gradually in July and by the end of August the epidemic was virtually spent.

The infection was widespread throughout the County, no District being free from notifications. The attack rate for the County was 17·46 compared with 14·11 for England and Wales.

Measles is primarily a disease of childhood and in 1957 more than half the cases (52·6 per cent.) were under 5 years of age and 44·6 per cent. aged 5—9 years.

Fortunately the virulence of the measles virus has been on the decline for a considerable time and, as will be seen from the following table, the case fatality ratio (deaths per 100 notifications) has now reached negligible proportions:—

Year	Number of notifications	Number of deaths	Fatality Ratio (deaths per 100 notifications)	Year	Number of notifications	Number of deaths	Fatality Ratio (deaths per 100 notifications)
1940	28,096	45	0·16	1949	16,489	18	0·11
1941	12,830	34	0·27	1950	15,763	9	0·06
1942	17,493	30	0·17	1951	25,194	17	0·07
1943	16,526	41	0·25	1952	13,938	7	0·05
1944	5,153	7	0·14	1953	19,853	9	0·05
1945	24,904	47	0·19	1954	5,558	3	0·05
1946	1,883	6	0·32	1955	29,357	4	0·01
1947	21,739	34	0·16	1956	3,281	1	0·03
1948	16,545	15	0·09	1957	28,352	5	0·02

Meningococcal Infection

Since the revised international classification of diseases was introduced in 1950 the annual number of notifications of meningococcal infection has fluctuated between the range of 37 to 71. A total of 64 cases was notified in 1957 as compared with the annual average of 50 in the years 1950–56. The disease appears to be mildly endemic but there is no indication of a return to the high incidence experienced during the period 1940–43 when the annual average was around 230 notifications and 50 deaths.

As in past years the majority of cases occurred in children but there were no special outbreaks, the cases being spread over 34 County Districts.

Acute Poliomyelitis

During the year the incidence of poliomyelitis, although greater than in 1956, was far less than the annual average for the period since 1947 when the disease came into prominence in this country. Original notifications numbered 109 which, on correction, were reduced to 95; 78 paralytic; 17 non-paralytic.

The incidence of poliomyelitis varies from year to year and does not conform to any cyclic pattern. The ratio of paralytic to non-paralytic cases also fluctuates from year to year and in the period 1950 to 1956 non-paralytic cases contributed respectively 21·5, 39·2, 21·4, 19·8, 31·3, 26·1 and 44·4 per cent. of the total notifications as compared with 17·9 per cent. in 1957. One would expect that during times of prevalence an increased awareness of the disease might contribute to a greater number of non-paralytic notifications being made but this assumption is not borne out by the statistics for the Administrative County. It may be that in certain years the number of cases of non-paralytic poliomyelitis may be overstated as a result of the prevalence of a number of infections due to other viruses and perhaps it would be inadvisable to place too much reliance on the non-paralytic notifications returned until the diagnosis is on a firmer basis.

Taking paralytic cases only the proportion of cases in certain age groups shows little variation to that of recent years 52·6 per cent. being under 5 years, 15·4 per cent. in the 5–9 years age group and 32·0 per cent. aged 10 years or over. A significant feature, however, was the increased proportion in children under 1 year. For a number of years notifications at this age have been negligible and, although based on small numbers, the cases in 1957 represent 7·7 per cent. of the total notified.

Most of the cases were mild and although some were left with residual paralysis the majority recovered to lead their normal lives. There were, however, 7 deaths, giving a fatality rate of 7·4 per 100 total notifications as compared with rates for 1950 to 1956 of 11·5, 6·7, 8·3, 8·7, 10·9, 2·1 and 3·2 respectively.

Of the 78 cases of the paralytic form notified 3 were of expectant mothers, 2 of whom died. At the outset the remaining mother was extensively paralysed but responded to treatment being able to walk with the aid of sticks. She had a normal delivery in March, 1958, and at the time of writing mother and baby are progressing.

Although the majority of cases had no apparent connection the proportion of multiple cases in the same family remained high. In a family comprising father, mother, girl aged 13, boys aged 8, 6 and 3 the elder boys had been vaccinated against the disease. The girl contracted mild paralytic poliomyelitis and shortly afterwards the youngest boy was notified as a non-paralytic case; the vaccinated children escaped clinical infection.

In another family two sisters aged 7 and 10 from another county came to spend their summer holiday with friends in the West Riding. On the journey the younger child took ill and had been in bed for a few days when her sister developed paralytic poliomyelitis. Investigations proved that the younger child was infected and was notified as a non-paralytic case.

A small outbreak occurred in August/September involving 3 paralytic cases. A girl aged 7 was notified on 23rd August as suffering from the disease and on 31st August a boy of 4, who lived a few doors away and who was a contact, was also admitted to hospital. The boy died early next day. His brother, nearly three years old, was admitted to hospital on 1st September, but recovered. By coincidence an uncle of the boys, aged 19 years, who lived in a neighbouring District but who had not been in recent contact with them was admitted to hospital on 13th September suffering from paralytic polioencephalitis.

Vaccination against Poliomyelitis.—Facilities introduced by the Ministry of Health in 1956 provided for the vaccination against poliomyelitis, using a British vaccine tested by the Medical Research Council, of children born between 1947 and 1954 inclusive. Leaflets were issued to the parents of all children in this age group known to the Authority, and in addition announcements of the scheme were made in local newspapers. Of the 209,000 children in the group, the parents of 64,213 (30 per cent.) gave consent to vaccination, but due to the limitation in supplies of the vaccine, 6,797 of these children only had been vaccinated at the end of 1956, leaving 57,416 still to be vaccinated.

It was expected that regular monthly supplies of vaccine would become available from January, 1957, onwards and as from that date, the Ministry agreed to general practitioners taking part in the scheme. The vaccine was not, however, supplied in the quantities expected, and in May, 1957, the Ministry decided that the vaccination programme should not be suspended during the summer months except at the discretion of Medical Officers of Health in areas where poliomyelitis was prevalent. At the same time, the Ministry extended the scheme to include children born during 1955 and 1956, and Local Health Authorities were also asked to give a second offer to the parents of children born between 1947 and 1954 who had not taken the opportunity of registering under the original scheme.

By the end of June, 1957, the position was that 36,555 children had been vaccinated with one or two injections, and 40,986 (including those born during 1955 and 1956) were still awaiting vaccination. The programme of vaccination continued unchanged to the end of the year, by which time 63,694 children had been vaccinated with one or two injections.

In November, 1957, the Ministry in Circular 16/57 advised Local Health Authorities of further extensions to the scheme from January, 1958, to include children born between 1943 and 1946 inclusive, and those born in 1957 who had reached 6 months of age, expectant mothers, general practitioners and their families, ambulance staffs and their families, and the families of hospital staffs dealing with

cases of poliomyelitis in the infectious stage. To meet the expected demands which were likely to arise from the extension of the scheme, the Ministry, in their Circular, announced their intention to supplement supplies of the British vaccine with supplies of Salk vaccine manufactured either in the United States or Canada and tested in this country by the Medical Research Council in addition to any tests undertaken in the country of origin.

Although by the end of the year, the experience gained was not sufficient to enable any accurate assessment to be made of the value of vaccination against poliomyelitis, it is significant that only one case of paralytic poliomyelitis had so far occurred amongst the 63,694 children vaccinated. In the unvaccinated children of this group, numbering approximately 200,000, there were 48 cases of paralytic poliomyelitis.

Acute Encephalitis

During the year 13 cases were confirmed, 8 infective and 5 post-infectious. Although these notifications are slightly higher than those of recent years they arose in widely separated Districts and had no apparent connection.

The post-infectious form may include cases of encephalitis which either accompany or follow one of the commoner infectious diseases, e.g. measles, mumps, whooping cough or chicken pox, and, as deaths are classified to the underlying or primary infection concerned, the number of deaths is not readily available.

Dysentery

Corrected notifications of dysentery numbered 1,377, approximately half those of the previous year (which produced the highest number ever recorded) but amounted to the third highest annual total. The majority of the cases were of the Sonne strain and it is highly probable that the true incidence is far greater than is indicated by the cases notified for many mild cases do not receive medical attention.

The seasonal incidence conformed to that of previous years in that the largest proportion of cases was notified in the first quarter of the year, next highest in the second quarter and lowest in the third thus confirming the view that dysentery is mainly a disease of the winter months. Notifications by sex in the respective quarters of the year were as follows:

	M	F	Total
First Quarter ..	310	320	630
Second Quarter ..	229	196	425
Third Quarter ..	68	33	101
Fourth Quarter ..	126	95	221

There was a slight preponderance of notifications of males which was most pronounced in the 5–9 years age group. The majority of notifications (33 per cent.) was in the 0–4 years age group and some 67 per cent. of all notifications were of children under 15 years of age.

It is apparent that much has still to be learnt about the epidemiology of Sonne dysentery but experience suggests that the infection is rarely conveyed by food and direct or indirect personal contact is mainly responsible. As the organism is very resistant to treatment once the active stage of the illness is over, many cases become convalescent carriers and sometimes continue to excrete the organisms for several weeks.

The disease is pre-eminently one of the nursery and primary schools and a great deal of infection could undoubtedly be prevented if the simple measure of thoroughly washing the hands after using the water-closet was rigidly adhered to. While other measures may also contribute to eliminating or restricting infection this simple act is the most effective of all. If adults, especially parents, too would co-operate by maintaining a high standard of personal and environmental hygiene, epidemics would no longer cause considerable discomfort and loss of school or working time.

Ophthalmia Neonatorum

Ophthalmia neonatorum is defined in the Regulations as "a purulent discharge from the eyes of an infant commencing within 21 days from the date of its birth". Prompt, skilled treatment is required if impaired vision or even total blindness is to be avoided. Since 1950 the number of notifications has fallen progressively and the total for 1957 of 7 cases is by far the lowest ever recorded. In none was vision impaired.

Puerperal Pyrexia

Since the regulations re-defining puerperal pyrexia as "any febrile condition occurring in a woman in whom a temperature of 100·4°F (38°C) or more has occurred within fourteen days after childbirth or miscarriage" came into operation in 1951 the number of notifications has been slightly higher than previously. In the period 1951 to 1956 the number of notifications fluctuated between the range of 98 and 151 with an average of 131. In 1957 only 77 cases were notified.

Smallpox

Freedom from smallpox continued in the Administrative County for the fourth successive year. While the absence of the disease is a source of satisfaction it should by no means encourage complacency for in these days when air travel brings this country close in time to those parts of the world where the disease is still endemic, the failure to secure and maintain a high proportion of the community protected by vaccination may lead to serious consequences.

Vaccination against Smallpox.—Vaccination is offered to the parents or guardians of all children during the early months of life and is carried out either by the family doctor at the surgery or at the home, or by the medical officer at the Infant Welfare Centre.

The following table shows the number of vaccinations and re-vaccinations performed during the years 1954–57. A slight increase in the number of children under one year of age vaccinated during 1957 is shown as compared with the previous year but a much higher acceptance rate is to be desired.

Year	Vaccinations						Re-Vaccinations					
	Under 1	1	2–4	5–14	15 or over	Total	Under 1	1	2–4	5–14	15 or over	Total
1954	5,379	1,019	351	424	797	7,970	—	1	44	245	1,238	1,528
1955	6,329	1,294	376	282	612	8,893	1	8	56	163	1,226	1,454
1956	6,892	983	348	317	582	9,122	6	4	47	215	1,300	1,572
1957	8,335	795	505	414	798	10,847	10	14	86	262	1,498	1,870

One case of generalised vaccinia was reported. The vesicles dried without any complication in a few days.

Enteric Fevers

Typhoid Fever.—The number of cases has declined considerably in recent years; in the fifteen years 1921–35 the annual average was 199, in the period 1936–50 the average had fallen to 24 since when only 15 cases have been notified. No case arose during 1957.

Paratyphoid Fever.—Three cases were notified during the year from widely separated Districts—an 11 months old child, a schoolboy and a middle aged woman. There was no connection between the cases and fortunately in no instance was the infection passed on to the other members of the families.

In the case of the schoolboy investigations suggested that he contracted the disease via a food contamination whilst on holiday but in the other cases no vehicle of infection was discovered.

Food Poisoning

Where reference is made to notified or ascertained cases of food poisoning the following definitions apply:

An outbreak means two or more related cases in persons in different families.

A family outbreak means two or more cases confined to members of the same family.

A single or sporadic case means a case which was not, as far as could be ascertained, related to other cases or excreters.

Information on the incidence of food poisoning has been obtained from the number of cases statutorily notified and the reports of Medical Officers of Health on outbreaks and cases investigated. The recorded incidence, however, is less than the true incidence, for in many instances the symptoms are mild and medical attention is not sought.

During the year 290 cases were notified and a further 273 were ascertained during the course of investigations making a total of 563 cases compared with 399 and 605 in the years 1955 and 1956 respectively. The number of outbreaks and family outbreaks was slightly less than in 1956 but more cases were involved. The number of sporadic cases recorded approximated to the annual total of recent years but as mentioned above it is to a large extent related to the severity of the disease.

The distribution of the cases in Divisional areas and by presumed causal agents is shown in the following tables:

Food Poisoning of all Types:

Cases by Presumed Causal Agent

Presumed Causal Agent	Number of Cases in General and Family Outbreaks	Sporadic Cases	Total
Salmonella Typhi-murium	102	86	188
Other Salmonellae	4	16	20
Staphylococci	22	6	28
Cl. Welchii	255	1	256
Other Organisms	—	1	1
Not Discovered	45	25	70
All Agents	428	135	563

Distribution of Notified and Ascertained Cases

Division No.	Food Poisoning Notifications returned to R.G. (corrected)					Number of outbreaks due to Identified Agents						Outbreaks of Undiscovered Cause		Single Cases		
	Quarter of Year				Total	Chemical Poisoning	Salmonella Organisms	Staphylococci (inc. Toxin)	Cl. Botulinum	Cl. Welchii	Total Cases	No. of Outbreaks	No. of Cases	Agent Identified	Unknown Cause	Total
	1st	2nd	3rd	4th												
1	—	2	3	—	5	—	2	—	—	—	4*	—	—	2	—	2
3	—	—	2	—	2	—	—	—	—	—	—	—	—	—	2	2
4	1	4	1	—	6	—	—	—	—	—	—	—	—	6	—	6
5	—	1	3	2	6	—	—	—	—	—	—	—	—	1	5	6
7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8	6	2	5	—	13	—	2	—	—	1	9	1	2	2	—	2
9	—	3	4	20	27	—	1	2	—	—	25	—	—	1	1	2
10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
11	—	1	12	2	15	—	2	—	—	—	27†	1	3§	1	—	1
12	—	3	1	15	19	—	—	—	—	—	—	—	—	16	3	19
13	1	—	2	1	4	—	—	—	—	—	—	—	—	4	—	4
15	—	12	7	—	19	—	—	—	—	—	—	—	—	19	—	19
16	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
17	3	—	2	3	8	—	—	—	—	—	—	—	—	3	5	8
18	—	2	1	—	3	—	—	—	—	—	—	—	—	—	3	3
19	—	1	61	—	62	—	1	—	—	—	61	—	—	1	—	1
20	—	33	—	—	33	—	—	—	—	—	—	1	33	—	—	—
22	—	1	—	—	1	—	—	—	—	—	—	—	—	1	—	1
23	1	2	3	31	37	—	—	—	—	—	—	—	—	37	—	37
25	—	4	1	—	5	—	—	—	—	1	250§§	—	—	5	—	5
26	—	1	1	—	2	—	1	—	—	—	7**	—	—	—	—	—
27	4	—	—	—	4	—	—	—	—	—	—	—	—	4	—	4
28	1	1	—	—	2	—	—	—	—	—	—	1	2	—	—	—
29	1	—	5	1	7	—	—	—	—	—	—	1	5	—	2	2
30	—	1	1	1	3	—	—	—	—	—	—	—	—	3*	1	4
31	—	3	4	—	7	—	—	—	—	—	—	—	—	4	3	7
	18	77	119	76	290	—	9	2	—	2	383	5	45	110	25	135

* Includes 1 case not notified but ascertained during the course of investigations.
† „ 14 cases „ „ „ „ „ „ „ „
§ „ 2 „ „ „ „ „ „ „ „
** „ 5 „ „ „ „ „ „ „ „
§§ These cases were not notified but ascertained during the course of investigations.

It will be seen that Salmonellae were the most frequent of the presumed causal agents; they were responsible for 9 out of the 18 outbreaks and for 102 sporadic cases, indeed 37 per cent. of the total cases were due to these organisms. Salmonellae are widespread and the infection finds its way into food from a variety of sources. Fortunately the majority of outbreaks are generally small but it is seldom possible to discover the vehicle of infection.

Although Staphylococci caused only 28 cases the majority arose from the contamination of food by handlers who were carriers or had cuts or sores infected with Staph. aureus. It is apparent that the number of cases could be reduced if food handlers, including housewives, would conform to the requirements of the Food Hygiene Regulations and have all open cuts or grazes completely covered with waterproof dressings.

Outbreaks due to Cl. Welchii are usually associated with inadequately cooked or reheated meat. The contamination may well be on the meat before it arrives in the kitchen and if such meat is undercooked, or cooked too slowly, then is allowed to cool slowly, say overnight, and served the following day, any spores of Cl. Welchii which may have survived will have had adequate time in which to germinate and so give rise to toxin in sufficient quantity to cause the symptoms of food poisoning.

An outbreak due to Cl. Welchii involving 250 persons occurred in three schools which were served by the same school kitchen. The meat, which had been cut into joints of approximately 8 lb., was cooked in a hot oven for 1 hour then 2 hours at a reduced temperature, was allowed to cool and was kept in a refrigerator overnight. The following day the meat was sliced and was delivered to the schools along with the remainder of the meal. Ten to fourteen hours later approximately 250 of the teaching staff and scholars who had eaten the meal were affected with diarrhoea and vomiting. Subsequently Cl. Welchii was isolated from the meat and faecal specimens.

Much food poisoning is preventable. If all concerned in the handling or preparation of food would co-operate by paying strict attention to their personal hygiene, and by ensuring that all foodstuffs are handled hygienically, prepared and stored in such a way that they are really safe to eat, the disease would be eliminated.

Influenza

As influenza is not a notifiable disease there is always difficulty in assessing its morbidity and indirect methods of ascertainment must be utilised, e.g. school absenteeism; weekly figures of new claims for sickness benefit on the Ministry of Pensions and National Insurance; notifications of pneumonia and deaths attributed to pneumonia and influenza.

The influenza which occurs in Britain during the winter months is usually caused by Virus Type A or B and apart from the widespread epidemic of Virus B in late 1954/early 1955 influenza has not been prevalent in the Administrative County for some years.

An outbreak of influenza which was first noted in late April in Hong Kong, chiefly among recent refugees from China, was followed rapidly by others in Singapore, Taiwan, the Philippines and Malay States whence it spread round the world, all continents being affected. The disease appeared to be highly communicable but not ordinarily fatal, and the causal agent, although coming into the "A" group of viruses, was quite separate from the 1955 England "A" strain, which has caused most of the serious influenza in this country recently, and was given the name of Type A/Asian/1957.

In this country outbreaks commenced in Lancashire and Yorkshire and, whilst it is impossible to say exactly when the influenza epidemic began, cases of influenza were reported in Division 31 (Rotherham) from the last week in July with a sharp increase from 1st September. From specimens submitted for virological examination evidence was found of Asian strain of Influenza A. Virus A was also in evidence in specimens submitted for examination from Division 22 (Wortley) date of onset 18th August and Division 18 (Brighouse) dates of onset 26th and 27th August. The outbreak appears to have spread from the south of the County and from Lancashire and very soon reached epidemic proportions in most parts of the Administrative County, the north eastern part of which was the last to be affected—about a fortnight later than the remainder of the County.

At first it was difficult to tell what was happening because there was nothing like the ordinary behaviour of a severe winter epidemic. First to be affected were scholars at Secondary Modern and Grammar Schools followed by teenagers in industry; shortly afterwards the disease was also widespread in the Primary and Junior Schools. Last to be affected were adults and children of pre-school age. In schools the absenteeism varied but while absentee rates of 50 to 70 per cent. were not unusual at the time of peak incidence, it is thought that in general approximately one-third of the school children were affected. Absenteeism in industry fluctuated from week to week and from area to area but it is thought that an overall average of 10 to 15 per cent. was not unlikely. Relatively high incidence continued for 4 or 5 weeks in most areas and while it is difficult to give an accurate estimate of the period of peak incidence for the whole of the Administrative County generally it was in the third and fourth weeks of September.

The weekly number of notifications of primary and influenzal pneumonia since mid-August was as follows:

Week ended	*Notifications*	*Week ended*	*Notifications*
17th August	5	5th October	121
24th ,,	9	12th ,,	117
31st ,,	9	19th ,,	59
7th September	11	26th ,,	46
14th ,,	17	2nd November	28
21st ,,	44	9th ,,	11
28th ,,	120	16th ,,	14

It was considered that there was no practical advantage to be gained by the closing of schools or the curtailment of public gatherings. However, in some instances there were administrative reasons for closing schools due to illness of teachers or large absentee rates but only in a few instances was this measure undertaken.

By the end of October indications were that the epidemic had almost subsided with absenteeism in schools and industry approaching the seasonal normal although sporadic cases, chiefly among adults, continued to occur.

Clinically the disease which usually lasted about a week was mild for influenza with adults suffering from sore throats or chest symptoms and children tending to have gastric upset, high fever and nose bleeding. There were a number of cases who were really ill for a number of days and post influenzal debility in adults for some weeks after apparent cure was not unusual.

From information received from Divisional Medical Officers it is estimated that there were slightly more than 100 fatal cases during the period of the epidemic. The majority of deaths were of middle aged and elderly people but mortality occurred in all age groups from three months to 91 years. Some fatal cases were of debilitated persons but there were others who were apparently making good recoveries but went downhill rapidly and died within 24 to 48 hours due to staphylococcal pneumonia. From the estimated number of cases of influenza, however, this is a low mortality rate for influenza. The full impact of the epidemic should, however, be assessed in terms of mortality from all causes rather than in deaths specifically ascribed to influenza.

As the 1957 epidemic to some extent resembled the 1918/19 pandemic the possibility of a recurrence of the same strain or an outbreak caused by one of the older and possibly more serious virus strains during what has come to be regarded as the true influenza season could not be overlooked.

As it was unlikely that the vaccines, which were prepared against past influenza strains, would protect against infection by the new variant the possibilities of preparing a vaccine against the new strain were explored. In September the Minister of Health intimated that a vaccine designed to give a reasonable degree of protection against the Asian strain was being produced commercially. No mass vaccination was contemplated and in accordance with the Minister's request vaccination was offered to general practitioners and members of our staff who care for the sick in their own homes, i.e. nurses, midwives, home helps, ambulance staff and other staff who may be called upon to visit the sick at home. The acceptance rate varied from area to area and by early December the vaccination of those volunteering for the vaccine had been completed.

The importance of the possible parallel between the 1918/19 and 1957 outbreaks was obvious and in a letter dated 26th September, 1957, Sir John Charles, Chief Medical Officer of the Ministry of Health, wrote:

"Towards the last quarter in each year, we publish in the Monthly Bulletin of the Ministry of Health a note on Winter Epidemics.

The arrangements which have become established as a result of this practice, and which depend on the fullest co-operation of all concerned, have provided valuable information on influenza and other diseases resembling influenza.

Following the letter which I sent to you in June, on the epidemic of influenza which was then spreading in the Far East, early ascertainment of the presence of the virus in this country was achieved. In recent weeks there has been an increasing number of reports of outbreaks of influenza.

In view of the expected further spread you will no doubt, in reviewing the arrangements for Winter Epidemics this year, wish to consult with representatives of the general practitioners and the hospital authorities in your area in order to be aware of the arrangements made by each Service, to exchange views and to ensure full co-operation between all concerned. If necessary you would no doubt consult your colleagues in adjacent areas so as to be aware of their plans and of the possibility of obtaining help from them. Some of the points on which discussion with a view to joint co-operation might be held are, for example, the use of public health authority staffs, such as assistant medical officers of health, health visitors, home nurses, and, possibly, home helps, to assist general practitioners; review of ambulance services, etc. It is understood that general practitioners are arranging 'mutual aid' through local medical committees and hospital authorities will no doubt be ready to assist in any way they can, e.g. by curtailment or suspension of admissions from the waiting list, especially for elective surgery, and in some areas the use of hospitals in rural areas, including sanatoria, to relieve urban hospitals.

I am writing to S.A.M.O.s of Regional Hospital Boards and Secretaries of Boards of Governors saying that I have suggested to medical officers of health that they should take the initiative in arranging informal discussions between representatives of general practitioners, hospitals and public health services, and I should be grateful if you would undertake to do this. The British Medical Association is writing in similar terms to local medical committees."

The matter was discussed at meetings of Divisional Medical Officers and at the Standing Sub-Committee on Co-operation with General Practitioners. In January, 1958, the County Council agreed that if, after consultation with the appropriate Medical Officer of Health, I declare a dire

emergency exists in any district in the Administrative County Area owing to a serious epidemic, the following measures should come into operation:

1. That assistant county medical officers be given leave of absence with pay in order to assist general medical practitioners on the following conditions:
   (a) They volunteer to assist in general practice.
   (b) They are members of a Medical Defence Union.
   (c) The medical practitioner is in a single handed practice and is unable to carry out his duties owing to illness or similar circumstances in a partnership practice.
   (d) The general medical practitioner will be responsible for providing transport for the assistant county medical officer or for re-imbursing the cost of the assistant county medical officer using his own car.
   (e) The general medical practitioner will pay the assistant county medical officer an honorarium for his services, which the assistant will be permitted to retain.
2. That health visitors, provided they volunteer, may be transferred to other duties such as home nursing; visiting, if required by a general medical practitioner, sick patients in their homes; issuing of certificates of incapacity, if such is permitted by the Regional Office of the Ministry of Pensions and National Insurance.
3. That during the period of emergency additional home helps may be employed and made available.
4. That a temporary addition to nursing equipment be permitted during the emergency.
5. That the divisional medical officer, when an emergency has been declared in the whole or part of his division, will be permitted to suspend temporarily some of the child health and school health services as required by the progress of the epidemic.
6. That, should the situation demand, methods of emergency feeding be planned to come into operation, using such services as may be available, including help from voluntary bodies.

Fortunately, up to the time of writing (March, 1958) there has been only the normal winter prevalence of upper respiratory infections and the necessity to implement this scheme has not arisen.

Tuberculosis

Deaths from Tuberculosis.—There were 149 deaths from tuberculosis (128 respiratory and 21 non-respiratory), representing a death rate of 0·09 (0·08 respiratory and 0·01 non-respiratory), showing a marked reduction in the 204 deaths recorded in the previous year, and comparing favourably with the England and Wales death rate of 0·10 (0·09 respiratory and 0·01 non-respiratory). Details of the deaths are given in the following table:

Classification	Age at Death in Years																Total		Grand Total
	0—		1—		5—		15—		25—		45—		65—		75—				
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Respiratory	1	—	—	—	—	—	1	—	14	13	45	11	25	3	10	5	96	32	128
Non-respiratory	—	—	1	1	1	—	2	1	2	—	7	5	—	1	—	—	13	8	21
Totals	1	—	1	1	1	—	3	1	16	13	52	16	25	4	10	5	109	40	149

Notification of Tuberculosis.—There were 912 primary notifications of tuberculosis arising during the year and 22 supplemental notifications, a total of 934 as compared with 1,050 (1,019 primary and 31 supplemental) notifications in 1956. Details of the new cases are summarised in the following table:

	AGE PERIODS													Total all Ages
	0—	1—	2—	5—	10—	15—	20—	25—	35—	45—	55—	65—	75—	
FORMAL NOTIFICATIONS:														
Respiratory, Males	2	1	5	7	10	27	43	74	85	92	101	46	17	510
Respiratory, Females	1	3	5	10	10	36	51	62	36	23	22	9	4	272
Non-respiratory, Males ..	—	1	5	7	15	3	2	10	5	1	4	1	—	54
Non-respiratory, Females ..	—	—	1	14	10	6	6	16	9	8	1	2	3	76
														912
SUPPLEMENTAL NOTIFICATIONS:														
Respiratory, Males	—	—	—	—	—	—	—	1	1	4	5	2	2	15
Respiratory, Females	—	—	—	—	—	—	—	—	—	—	3	1	1	5
Non-respiratory, Males ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Non-respiratory, Females ..	—	—	1	—	—	—	—	—	—	—	—	1	—	2
														22

The sources of information of the supplemental notifications were Local Registrars (9 respiratory); transferable deaths from the Registrar General (9 respiratory and 1 non-respiratory) and 3 posthumous notifications (2 respiratory and 1 non-respiratory).

Posthumous Notifications.—The following table gives the result of inquiries which have been made to determine the reason why there had been a failure to notify the 22 cases, the supplemental notifications, before the death of the patient.

I. *Information Obtained from Local Registrars' Death Returns:*

Patient			Cause of Death	Remarks
Sex	Age	Resp. or Non-Resp.		
M	69	Resp.	Bilateral Broncho-pneumonia and Bronchiectasis, Silicosis and Pulmonary tuberculosis.	Diagnosed after post-mortem examination. Previously only regarded as pneumoconiosis.
M	59	Resp.	Pulmonary tuberculosis.	Contacts followed up.
M	49	Resp.	1(a) Haemoptysis. (b) Pulmonary tuberculosis.	Patient apparently had several examinations at hospital. Several sputum tests had been reported negative for T.B. Finally a positive sputum report received after the man's sudden death from massive haemoptysis.
F	75	Resp.	Pulmonary tuberculosis.	Under the care of the private doctor for only 10 days prior to death. Diagnosis based on result of a sputum test received on day of death. Patient lived alone. Arrangements made for a niece and her two children to attend the contact clinic. No abnormalities were found.
F	61	Resp.	1(a) Acute Bronchitis. (b) Chronic Bronchitis. 2 Old Pulmonary Tuberculosis.	Attended Chest Clinic—12.7.55. Diagnosed as inactive Tuberculosis. Seen again August, 1955, no change. Failed to keep subsequent appointments. This patient had chronic bronchitis and was never notified as a case of Tuberculosis.
M	56	Resp.	Pulmonary Tuberculosis. Industrial disease of Pneumoconiosis.	Found at post-mortem. Contacts examined.
M	57	Resp.	1(a) Cachexia. (b) Carcinoma Lung. 2 Pulmonary Tuberculosis.	General Practitioner thought the Chest Physician had notified the case. Chest Physician informed.
M	52	Resp.	1(a) Cachexia. (b) Carcinoma of Colon. 2 Pulmonary Tuberculosis. Pagets disease.	General Practitioner thought the Chest Physician had notified the case. Chest Physician informed.
M	64	Resp.	1(a) Toxaemia and Heart Failure. (b) Ac. Broncho-pneumonia. 2 Tuberculosis with silicosis.	Diagnosis not made until after post-mortem examination. Home contacts visited and arrangements made for them to attend contact clinic.

II. *Information obtained from Registrar General's Transferable Deaths:*

Patient			Cause of Death	Remarks
Sex	Age	Resp. or Non-Resp.		
F	67	Resp.	1(a) Coronary thrombosis. 2 Old Pulmonary Tuberculosis.	
M	78	Resp.	Pulmonary Tuberculosis.	Patient lived alone; no close contacts.
M	33	Resp.	Tuberculoma of the brain. Healing Pulmonary Tuberculosis. Inquest. P.M.	Discovered at post-mortem. Relatives refused examination as patient was not normally resident with them.
M	73	Resp.	1(a) Pulmonary Tuberculosis. P.M.	Discovered at post-mortem. All contacts checked.
F	62	Resp.	1(a) Severe anaemia. (b) Chr. tuberculosis. 2 Myocardial fibrosis, endocarditis, Hypertension and Broncho-pneumonia. P.M.	Discovered at post-mortem. All contacts checked.
M	55	Resp.	1(a) Lung Tuberculosis. (b) Heart Failure. (c) Chr. Bronchitis.	Diagnosis not made until after post-mortem examination. Patient had pneumonia and went to stay with his parents from where he was admitted to Hospital. Only contact in W.R. area was patient's wife and arrangements made for her to attend the contact clinic.
M	83	Resp.	1(a) Senility. (b) Chr. Pulm. Tuberculosis.	Not diagnosed prior to death. Seen at Hospital for the first time on 24.7.57 as an out-patient. In the past had kept well and there was no history of tuberculosis. On clinical examination a presumptive diagnosis of Ca-Bronchus was made. His chest was X-rayed on 25.7.57 which showed "Extensive pleural calcification over the left apex and left lower lobe. In addition there are numerous healed tuberculous foci in both lungs." Tomography necessary to demonstrate a cavity. Did not turn up for further investigation. General condition deteriorated and on 8.8.57, was admitted to Hospital. Too ill for tomography and died 12.8.57. Diagnosis based on X-ray finding. Contacts visited and arrangements made for those willing to be examined to be given appointments at the contact clinic.
F	59	Resp.	Miliary Tuberculosis.	Died a few days after admission to Hospital. Post-mortem revealed Miliary Tuberculosis.
M	48	Resp.	Miliary Tuberculosis. Hyperthyroidism. Industrial disease of Pneumoconiosis.	Admitted to Hospital with Hyperthyroidism. Post-mortem revealed Miliary Tuberculosis.
F	2	Non-Resp.	Tuberculous Meningitis.	Admitted to Hospital. Seriously ill, died 2 days later. Contacts examined. Father notified immediately. Mother has since been notified.

III. *Information obtained from Posthumous Notification:*

Patient			Cause of Death	Remarks
Sex	Age	Resp. or Non-Resp.		
M	48	Resp.	Suicide by hanging. Pulmonary T.B.	Only diagnosed at P.M.
M	44	Resp.	1(a) Cerebral Thrombosis. 2 Tuberculosis Lung.	Acute onset. Contacts traced.
F	73	Non-Resp.	1(a) Sub Acute Obstruction. (b) Tuberculous peritonitis. (c) Tuberculous Lymphadenitis.	Diagnosed at P.M. Contacts traced.

After adjustment for removals, recoveries and deaths, the total number of notified cases of tuberculosis on our register at the end of the year was 10,959, a decrease of 26 compared with the previous year. The following table summarises the revision of the registers in the respective divisional areas:

Div. No.	Number of cases on register 1st January, 1957				Number of cases added to register				Number of cases removed from register				Number of cases remaining on register 31st December, 1957				Number of cases remaining on register	
	Respiratory		Non-Resp.		Respiratory		Non-Resp.		Respiratory		Non-Resp.		Respiratory		Non-Resp.		Total	Per 1,000 Pop'l'n
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
1	181	139	48	42	33	13	3	5	17	10	6	—	197	142	45	47	431	7·4
2	63	48	17	17	7	4	—	3	22	4	4	4	48	48	13	16	125	5·5
3	212	136	52	41	31	18	3	3	6	4	—	—	237	150	55	44	486	8·8
4	243	160	35	48	40	11	1	4	33	11	5	5	250	160	31	47	488	7·3
5	241	156	37	50	64	23	2	8	37	30	2	7	268	149	37	51	505	6·8
6	96	73	15	7	20	10	4	—	9	12	2	—	107	71	17	7	202	5·8
7	41	38	7	6	4	6	—	—	5	7	—	1	40	37	7	5	89	3·6
8	197	181	43	66	29	19	1	4	37	37	7	6	189	163	37	64	453	5·9
9	90	68	22	23	14	12	3	3	14	12	7	8	90	68	18	18	194	3·9
10	133	118	20	31	11	5	1	—	12	5	1	1	132	118	20	30	300	6·6
11	221	166	26	42	25	11	1	—	13	10	3	6	233	167	24	36	460	7·6
12	229	170	43	62	23	17	2	2	16	17	—	4	236	170	45	60	511	8·9
13	158	115	25	44	20	13	2	4	15	14	3	1	163	114	24	47	348	4·2
15	85	87	32	22	15	8	4	3	20	14	8	6	80	81	28	19	208	4·3
16	119	113	20	17	10	15	—	2	18	17	1	2	111	111	19	17	258	4·7
17	87	58	18	28	7	9	3	5	17	12	12	10	77	55	9	23	164	3·4
18	239	168	33	23	20	20	4	1	50	35	15	11	209	153	22	13	397	6·8
19	166	148	34	31	24	14	4	2	18	17	4	—	172	145	34	33	384	7·0
20	222	157	48	60	39	33	6	11	29	24	6	14	232	166	48	57	503	5·6
22	431	287	117	77	41	22	5	6	67	45	14	8	405	264	108	75	852	9·8
23	245	192	34	52	27	18	3	3	27	18	5	6	245	192	32	49	518	7·9
25	224	180	38	28	30	16	2	5	23	21	4	3	231	175	36	30	472	6·2
26	106	96	20	20	15	15	—	1	19	13	3	4	102	98	17	17	234	5·1
27	158	156	48	30	18	20	1	—	15	10	3	3	161	166	46	27	400	9·9
28	191	183	56	54	25	28	1	—	12	21	2	4	204	190	55	50	499	8·3
29	155	158	31	30	11	9	2	2	4	6	—	1	162	161	33	31	387	11·3
30	272	209	24	29	49	24	3	6	21	17	—	—	300	216	27	35	578	9·1
31	245	160	46	46	42	21	4	2	24	16	8	5	263	165	42	43	513	5·8
	5,050	3,920	989	1,026	694	434	65	85	600	459	125	120	5,144	3,895	929	991	10,959	6·7

Divisional Medical Officers have received 1,896 notifications (887 admissions and 1,009 discharges) relating to patients admitted to, or discharged from, treatment in 59 hospitals as follows:

HOSPITAL	Respiratory								Non-Respiratory							
	Admitted				Discharged				Admitted				Discharged			
	Adults		Children		Adults		Children		Adults		Children		Adults		Children	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Bradley Wood Sanatorium, Huddersfield	23	13	—	—	29	10	—	—	—	1	—	—	—	—	—	—
Crookhill Hall Hospital, Conisbrough	55	1	—	—	62	—	—	—	—	—	—	—	—	—	—	—
Doncaster Infectious Diseases Hosp. and Sanatorium	25	24	1	—	25	27	1	—	—	—	—	—	2	1	—	—
Gateforth Sanatorium, Hambleton, nr. Selby	92	—	—	—	95	—	—	—	—	—	—	—	1	—	—	—
Huddersfield Royal Infirmary	2	1	1	2	2	—	1	2	1	3	3	4	1	3	3	3
Killingbeck Hospital, Leeds	34	58	—	—	47	56	—	1	1	2	—	—	1	2	—	—
King Edward VII Hosp., Rivelin Valley Rd., Sheffield	—	—	—	—	—	—	—	—	6	3	2	1	5	4	4	1
Montagu Hospital, Mexborough	1	14	—	—	1	26	—	—	—	1	—	—	—	—	—	—
Northowram Isolation Hospital, Halifax	26	20	—	—	28	17	—	—	—	—	—	—	—	—	—	—
Oakwood Hall Sanatorium, Moorgate, Rotherham	31	11	2	1	30	17	—	1	—	—	—	1	—	—	—	—
Papworth Hospital, Cambridge	3	—	—	—	5	—	—	—	1	—	—	—	1	—	—	—
Scotton Banks Hospital, Knaresborough	26	17	—	1	39	27	—	1	1	—	—	—	—	2	—	1
Seacroft Hospital, Leeds	—	—	1	3	—	—	4	2	—	—	1	—	—	—	—	—
Sheffield City General Hospital	5	2	1	—	3	2	—	—	—	—	—	—	—	—	—	—
The Hospital, Grassington, nr. Skipton	93	50	1	—	103	56	1	—	—	—	—	—	—	1	—	—
The Hospital, Middleton-in-Wharfedale, nr. Ilkley	37	14	6	3	49	19	8	10	8	5	1	3	10	5	2	2
Wath Wood Isolation Hospital, Wath on Dearne	38	17	—	—	49	25	—	—	—	—	—	—	—	—	—	—
Whitley Grange Hospital, Dewsbury	13	5	—	—	8	11	—	—	—	—	—	—	—	—	—	—
Winter Street Hospital, Sheffield	1	3	—	—	4	8	—	—	—	—	—	—	—	—	—	—
*Miscellaneous	33	12	1	1	17	12	—	—	3	5	3	2	3	4	5	1
	538	262	14	11	596	313	15	17	21	20	10	11	24	22	14	8

* The miscellaneous cases were under treatment at Ash House, Dore, Sheffield; Benenden Sanatorium, Kent; Bradford Royal Infirmary; Castle Hill Sanatorium, Cottingham; Chadderton Hospital, Lancashire; Commonside Sanatorium, Sheffield; Connaught Military Hospital, Hindhead, Surrey; Dewsbury General Hospital; Fairfield Hospital, York; Fielden Children's Hospital, Todmorden; Gateshead Isolation Hospital; Holme Valley Memorial Hospital, Holmfirth; Hyde Hospital, Cheshire; Kendray Hospital, Barnsley; Leeds General Infirmary; Little Sisters of the Poor Home, Sheffield; Lodge Moor Hospital, Sheffield; Marguerite Hepton Memorial Orthopaedic Hospital, Thorp Arch; Marsden Hospital, Burnley; Moorview Hospital, Meltham; Naburn Hospital, York; Nether Edge Hospital, Sheffield; Oldham Royal Infirmary; Pinderfields Hospital, Wakefield; R.A.F. Hospital, West Kirby; R.A.F. Hospital, Wroughton; St. James's Hospital, Leeds; St. Luke's Hospital, Huddersfield; Sheffield Children's Hospital; Sheffield Royal Infirmary; Snapethorpe Hospital, Wakefield; Staincliffe Hospital, Dewsbury; Strinesdale Sanatorium, Oldham; Wakefield General Hospital; Walton Hospital, Chesterfield; Westmorland Sanatorium, Meathop, Grange-over-Sands; Wharncliffe Hospital, Wadsley, Sheffield; Woodlands Orthopaedic Hospital, Rawdon; Wrightington Hospital, Wigan; York City Hospital.

PART III

DIVISIONAL ADMINISTRATION

Comprehensive details of the scheme of divisional administration appeared in my Annual Report for 1955, and there has been no change in the scheme apart from the amalgamation of the divisions regarding which negotiations were commenced in 1956. Agreement has been reached on the major issues of amalgamation and the divisions affected have been amalgamated as follows:—

Div. No.	County Districts	Population (Estimated Mid. 1957)	Revised Division No. and effective date
1	Barnoldswick U.	10,860	Division No. 1 1st June, 1957
	Earby U.	5,170	
	Silsden U.	5,360	
	Skipton U.	13,100	
	Skipton R.	24,040	
2	Bowland R.	4,870	
	Settle R.	14,040	
	Sedbergh R.	3,830	
5	Pudsey B.	32,000	Division No. 5 12th September, 1957
	Aireborough U.	27,510	
	Horsforth U.	15,000	
6	Ilkley U.	17,250	
	Otley U.	11,340	
	Wharfedale R.	6,250	

With regard to the amalgamation of Divisions 1 and 2, a sub-office has been retained at the County Police Station, Cragdale, Settle. At the end of the year it had not been possible to combine the staffs of the former Divisions 5 and 6 in one Divisional Health Office owing to the difficulties of accommodation, but negotiations were proceeding for a settlement. In the meantime, the staffs were operating separately from offices in Horsforth and Otley.

The table below gives details of the divisions, population, acreage and the staff of each division at 31st December, 1957.

Div. No.	County Districts	Population (Estimated Mid. 1957)	Acreage	Divisional Medical Officer and Senior Clerk	Address of Divisional Health Office	Telephone No.
1	Barnoldswick U.	10,860	2,764	Dr. M. Hunter	Water Street,	Skipton
	Earby U.	5,170	3,519	Mr. K. A. Knowles	Skipton	2438/9
	Silsden U.	5,360	7,101			
	Skipton U.	13,100	4,211			
	Bowland R.	4,870	83,327			
	Sedbergh R.	3,830	52,674			
	Settle R.	14,040	152,087			
	Skipton R.	24,040	146,071			
	Totals:	81,270	451,754			
3	Keighley B.	55,320	23,611	Dr. V. P. McDonagh	3 Bow Street,	Keighley
				Mr. A. S. Sanderson	Keighley	2244/5
4	Baildon U.	10,860	2,831	Dr. J. Battersby	P.O. Box 24,	Shipley
	Bingley U.	21,670	11,418	Mr. F. G. Falkingham	Town Hall,	51363
	Denholme U.	2,640	2,536		Shipley	
	Shipley U.	31,910	2,183			
	Totals:	67,080	18,968			
5	Pudsey B.	32,000	5,323	Dr. A. Telford Burn	The Green,	Horsforth
	Aireborough U.	27,510	6,856	Mr. A. Hartley	Horsforth	2252
	Horsforth U.	15,000	2,706			
	Ilkley U.	17,250	8,610			
	Otley U.	11,340	2,934			
	Wharfedale R.	6,250	39,378			
	Totals:	109,350	65,807			
7	Ripon City	10,100	1,812	Dr. N. V. Hepple	High Skellgate,	Ripon
	Ripon and Pateley Bridge R.	14,370	124,861	Mr. G. W. N. Graham	Ripon	382
	Totals:	24,470	126,673			

Div. No.	County Districts	Population (Estimated Mid. 1957)	Acreage	Divisional Medical Officer and Senior Clerk	Address of Divisional Health Office	Telephone No.
8	Harrogate B.	52,220	8,320	Dr. D. D. Payne Mr. L. R. Wilkinson	Municipal Offices, Harrogate	Harrogate 5031
	Knaresborough U.	8,570	2,494			
	Nidderdale R.	16,250	75,009			
	Totals:	77,040	85,823			
9	Tadcaster R.	26,760	72,987	Dr. R. G. Smithson Mr. F. H. Atack	Wetherby House, Wetherby	Wetherby 438
	Wetherby R.	22,400	64,424			
	Totals:	49,160	137,411			
10	Goole B.	19,420	1,267	Dr. S. K. Appleton Mr. R. Towell	6/7 Belgravia, Goole	Goole 936/7
	Selby U.	10,230	3,848			
	Goole R.	9,150	36,776			
	Selby R.	6,610	32,909			
	Totals:	45,410	74,800			
11	Castleford B.	41,690	4,394	Dr. J. M. Paterson Mr. C. R. Pickering	"Castledene", Pontefract Road, Castleford	Castleford 2689
	Normanton U.	18,570	3,066			
	Totals:	60,260	7,460			
12	Pontefract B.	24,620	4,865	Dr. J. F. Fraser Mr. W. Carver	Baghill House, Walkergate, Pontefract	Pontefract 3291
	Featherstone U.	14,410	4,424			
	Knottingley U.	10,800	2,835			
	Osgoldcross R.	7,820	33,954			
	Totals:	57,650	46,078			
13	Morley B.	39,630	9,493	Dr. J. Lyons Mr. A. Wright	Windsor House, Morley	Morley 4281/2
	Ossett B.	14,480	3,333			
	Horbury U.	8,260	1,280			
	Wakefield R.	19,860	21,335			
	Totals:	82,230	35,441			
15	Batley B.	39,730	4,461	Dr. J. F. Caithness Miss K. Lister	Market Place, Batley	Batley 666
	Heckmondwike U.	8,620	696			
	Totals:	48,350	5,157			
16	Garforth U.	13,360	4,020	Dr. A. L. Taylor Mr. S. Hobson	Oulton Lane, Rothwell	Rothwell 2326/7
	Rothwell U.	24,850	10,698			
	Stanley U.	16,780	4,866			
	Totals:	54,990	19,584			
17	Spenborough B.	36,560	8,251	Dr. W. M. Douglas Mr. P. Marshall	Elm Bank, Bradford Road, Cleckheaton	Cleckheaton 844/5
	Mirfield U.	11,840	3,394			
	Totals:	48,400	11,645			
18	Brighouse B.	30,500	7,873	Dr. F. Appleton Mr. G. O. Richardson	Mill House, Huddersfield Road, Brighouse	Brighouse 796
	Elland U.	18,830	2,795			
	Queensbury and Shelf U.	8,890	5,946			
	Totals:	58,220	16,614			
19	Todmorden B.	18,190	12,789	Dr. N. E. Gordon Mr. H. Marshall	Abraham Ormerod Medical Centre, Todmorden	Todmorden 382
	Hebden Royd U.	9,760	7,084			
	Ripponden U.	5,070	13,289			
	Sowerby Bridge U.	18,170	5,763			
	Hepton R.	4,000	21,758			
	Totals:	55,190	60,683			

Div. No.	County Districts	Population (Estimated Mid. 1957)	Acreage	Divisional Medical Officer and Senior Clerk	Address of Divisional Health Office	Telephone No.
20	Colne Valley U.	21,340	16,054	Dr. E. Ward	"Woodville",	Milnsbridge
	Denby Dale U.	9,540	10,165	Mr. G. A. Beatson	Scar Lane,	933/4
	Holmfirth U.	18,890	17,648		Golcar	
	Kirkburton U.	17,700	13,847			
	Meltham U.	5,150	5,906			
	Saddleworth U.	16,640	18,485			
	Totals:	89,260	82,105			
22	Hoyland Nether U.	15,810	1,998	Dr. J. Main Russell	Mortomley Hall,	High Green
	Penistone U.	6,630	5,593	Mr. T. D. Lund	High Green,	292
	Stocksbridge U.	10,340	4,630		Nr. Sheffield	
	Penistone R.	7,320	29,003			
	Wortley R.	47,080	48,698			
	Totals:	87,180	89,922			
23	Hemsworth U.	14,010	4,163	Dr. J. S. Walters	Adiscombe House,	Hemsworth
	Hemsworth R.	51,260	29,019	Mr. G. Ellis	Barnsley Road,	77/8
					Hemsworth	
	Totals:	65,270	33,182			
25	Cudworth U.	8,830	1,746	Dr. R. Barnes	6 Victoria Road,	Barnsley
	Darfield U.	6,500	2,018	Mr. L. S. Wrigg	Barnsley	2247/8
	Darton U.	14,630	4,725			
	Dodworth U.	4,200	1,857			
	Royston U.	8,270	1,423			
	Wombwell U.	18,990	3,838			
	Worsbrough U.	14,500	3,420			
	Totals:	75,920	19,027			
26	Rawmarsh U.	19,660	2,602	Dr. D. J. Cusiter	Dunford House,	Wath
	Swinton U.	12,470	1,718	Mr. A. Wilkinson	Wath upon Dearne	2251/2
	Wath upon Dearne U.	14,130	2,677			
	Totals:	46,260	6,997			
27	Adwick le Street U.	18,530	3,605	Dr. J. Ferguson	Council Offices,	Adwick le
	Bentley with			Mr. C. W. Vallance	Adwick le Street,	Street
	Arksey U.	21,710	4,950		Nr. Doncaster	2176
	Totals:	40,240	8,555			
28	Tickhill U.	2,560	5,580	Dr. A. Penman	Station Road,	Doncaster
	Doncaster R.	57,420	75,092	Mr. W. S. Knivett	Doncaster	61571
	Totals:	59,980	80,672			
29	Thorne R.	34,170	38,419	Dr. G. Higgins	Council Offices,	Thorne
				Mr. J. T. Howitt	P.O. Box 4,	3130
					Thorne	
30	Conisbrough U.	17,540	1,593	Dr. J. A. W. Reid	Council Offices,	Mexborough
	Dearne U.	26,940	3,888	Mr. P. Goddard	Adwick Road,	3011
	Mexborough U.	18,710	1,452		Mexborough	
	Totals:	63,190	6,933			
31	Maltby U.	13,940	4,788	Dr. J. M. Watt	"Edenthorpe"	Rotherham
	Kiveton Park R.	18,740	20,070	Mr. A. Hill	Grove Road,	3131/2
	Rotherham R.	55,460	28,734		Rotherham	
	Totals:	88,140	53,592			

PART IV

NATIONAL HEALTH SERVICE ACTS

HEALTH CENTRES

"21.—(1) *It shall be the duty of every local health authority to provide, equip and maintain to the satisfaction of the Minister, premises which shall be called 'Health Centres' at which facilities shall be available for all or any of the following purposes:—(a) general medical services; (b) general dental services; (c) pharmaceutical services; (d) services which the local health authority are required or empowered to provide; (e) hospital out-patient services; (f) health education.*"

During the year the reasons of building stringency and the need for research before new developments are made still hold as they did in 1948, when the Minister deferred the requirement of the County Council submitting schemes under this section for approval until a later date to be specified by him.

Interest in Health Centres is however by no means dead and it has been noted that a few have been set up in other parts of the country mainly in new towns, large housing estates or extensive redevelopment areas. Towards the end of the year the Health Committee wished to give further consideration to this subject and resolved:—

"That the County Medical Officer do submit a report giving full information on the question of the provision of Health Centres, including information as to Health Centres provided by other Local Health Authorities."

This report was in preparation at the end of the year.

CARE OF MOTHERS AND YOUNG CHILDREN

"22.—(1) *It shall be the duty of every local health authority to make arrangements for the care, including in particular dental care, of expectant and nursing mothers and of children who have not attained the age of five years and are not attending primary schools maintained by a local education authority.*"

Ante and Post Natal Services

As indicated in the Report for 1956, the Ministry of Health Circular 9/56, issued in May of that year to Chairmen of Boards of Governors and of Hospital Management Committees inviting them to arrange for the holding of meetings of professional representatives of the three representative bodies responsible for the maternity services to discuss ante natal care related to toxaemia of pregnancy, had not been considered in all areas. However, during this year, the outstanding meetings of the Bradford, Bingley, Keighley, Skipton and Settle; Leeds, Ilkley and Otley: Huddersfield and Halifax Hospital Management Committees were convened and concluded.

The first of the meetings was held in June, 1956, whilst the last was not effected until October, 1957. In consequence, any evidence of the development following the meetings must be incomplete. A summary of the conclusions arrived at following the meetings held in 1956 was published in the Annual Report for that year. All County Midwives have been issued with desk-type sphygmomanometers and stethoscopes, following assurance of the competency of the midwife in their use. The follow-up of absentees from the ante natal clinics of hospitals and family doctors has been improved by the utilisation of local authority facilities for that purpose. Cases of abnormality found at local authority clinics are notified to the family doctor, there now being no direct communication as between the clinic and the consultant; this action has had the effect of stimulating general practitioner liaison. The value of the local authority ante natal clinic in the preparation for motherhood has been more widely appreciated and approximately 3,000 more sessions than in 1956 were devoted to this work. Liaison with the pathological and blood transfusion services is excellent. Shortage of lying-in beds in some divisions, however, must reflect upon the accommodation which should be available for ante natal cases, having regard to some of the criteria which are accepted as demanding hospitalisation of cases of toxaemia.

Ante and Post natal Clinics.—There were 148 clinics in operation at the end of the year. The total attendances were slightly in advance of those of the previous year in spite of the fact that family doctors had increased their bookings—12,402 patients making 64,873 attendances. Many more family doctors are holding recognised ante natal sessions at which the domiciliary midwife gives assistance. This form of co-operation is all to the good of the patient.

The object of the establishment of post natal clinics was an endeavour to reduce the incidence of maternal disablement following childbirth. The only information which could be made available to give some indication of the extent of maternal morbidity to-day would be through the gynaecological departments of hospitals. With the increasing number of cases being provided with maternity medical services by the general practitioner obstetrician, it is only natural to expect depleted attendances at the post natal clinics of local authorities, the practitioner having to undertake a post natal examination as part of his contract to the patient. Of the 9,690 cases which attended the local authority ante natal clinic, only 14·5 per cent. of them returned for post natal care.

Dental Treatment of Expectant and Nursing Mothers and Pre-School Children

The Chief Dental Officer reports:—

The dental service for patients under the Maternity and Child Welfare Scheme of the Health Committee continues to progress. Its limitations are, like those of the School Dental Service, almost entirely caused by shortage of staff. We have the physical facilities for providing the Service, but until we have the manpower to utilise these facilities, there is little point in carrying out dental health education among expectant and nursing mothers and the mothers of pre-school children. We are very conscious for the need for such propaganda, but it seems a foolish policy to exhibit goods in the shop window which you cannot sell over the counter.

One looks forward to the time when the dental manpower situation becomes easier and we can devote more of our time to the education side of dentistry which is, in my opinion, the duty of any imaginative and far-seeing Health or Education Authority.

The following table indicates the work which has been carried out during the year for expectant and nursing mothers by our own dental officers and private practitioners under the County Scheme:—

	County Dentists	Private Practitioners	Total
No. of cases referred	1,701	1,896	3,597
No. of cases examined	1,538	1,386	2,924
No. of cases found to require treatment	1,481	1,377	2,858
No. treated	1,292	1,085	2,377
No. made dentally fit	1,189	985	2,174
No. of extractions	10,038	8,622	18,660
No. of fillings	1,541	1,055	2,596
No. of general anaesthetics	1,186	608	1,794
No. of scalings	457	422	879
No. of complete dentures	1,367	986	2,353
No. of partial dentures	400	433	833
No. of X-rays	43	51	94
No. of crowns	5	—	5
No. of inlays	1	5	6
No. of root treatments	17	3	20

The following work has been carried out during the year for pre-school children by school dental officers:

No. inspected	1,310	No. of teeth filled	204
No. treated	1,104	No. of fillings	222
No. of attendances	1,298	No. of teeth treated with silver nitrate	91
No. of extractions	2,174	No. of dressings	—
No. of general anaesthetics	803	No. of scalings	—

Infant Welfare

The personal health services under the National Health Service Act, 1946, for the care of young children of pre-school age were originally the outcome of legislation under the Maternity and Child Welfare Act, 1918, when their introduction by local authorities represented the formal recognition of the excellent work undertaken by voluntary organisations from the beginning of the century. Although many local authorities developed these services efficiently, general development throughout the country was haphazard, for the Act of 1918 was only permissive in character. However, their growth has progressed and has been associated with a continued reduction in infant mortality. Post natal environment has been greatly improved by the control of infectious disease and better living standards, each of which has been a valuable contribution to lowered infant mortality rates. Over the past ten years, this rate has fallen from 44·6 to 26·4; however, similar reductions have not been reflected in the neonatal and stillbirth rates. Of the deaths under one month of age, 86 per cent. of them had occurred within the first week from causes mainly prenatal or natal in origin, so that it was only a matter of chance that some of the babies were not stillborn. It would appear, therefore, that before any further dramatic decline in infant mortality can be anticipated, exploration into the field of research will be necessary. In this respect, it is noteworthy that a nation-wide survey, in which the County Council have agreed to participate, is being sponsored and financed by the National Birthday Trust Fund and is to take place during the months of March, April and May, 1958. The Survey is to relate to Perinatal Mortality, that is, the deaths of babies under one week of age, plus those deaths directly associated with the last 12 weeks of pregnancy and with the process of birth. However, as some of the deaths in the remaining three weeks of the neonatal period may be the direct result of earlier causation, they are to be included in the Survey. A questionnaire enquiry is also intended to provide information on every live birth during the week 3rd–9th March, 1958; these will act as a control group for similar information which it is hoped to be obtained on every stillbirth and neonatal death occurring in March, April and May, 1958. A post-mortem investigation will also be conducted on every stillborn baby and every newborn baby dying within 28 days of birth.

At the end of the year, there were 224 static and 2 mobile welfare centres in operation at which 439,529 attendances were made. This figure represents an increase in attendances over the previous year of 32,413 which, when analysed, accounts for an attendance of 82 per cent. of the age group 'under one year', 67 per cent. of the age group 'one year but under 2 years', and 18 per cent. of the the group '2 years but under 5 years'.

Dr. Harvey, County Paediatrician, reports:—

"I have, during 1957, continued to feel my way with special developmental study clinics for babies and toddlers. I am hoping to increase the frequency of these clinics, which will be necessary for getting more proficiency in this sort of examination. I am also hoping in this second 10 years to do something more in the way of specializing attendances as we book ahead; for instance, it may be possible, by long-range appointment, to collect whole groups of obesity, or asthma, or epilepsy children together. In the case of obesity, I think the only thing which might stir some parents to sensible dieting would be to confront them with a bunch of children much grosser than their own.

Nineteen fifty-seven saw the planning of the National Perinatal Survey, the results of which will be keenly awaited. It is already possible, after observing the vast amount of work done by pathologists on the mortality aspects of the Survey, to reflect on how much material we have been failing to take advantage of in studying the prevention of still-birth and newborn deaths. This stimulus to pathological study of every case will probably bear fruit in our habit of further work.

There remain some special tasks of intensive prenatal planning to prevent loss of life in groups of known hazard, such as:

(1) Diabetic mothers, with special risk of foetal or newborn death.

(2) Tuberculous mothers or households, for whose babies B.C.G. vaccination and segregation are not always planned in advance.

(3) Mothers who have lost a succession of babies.

(4) Rhesus sensitized mothers.

Infection. All over the country there is serious anxiety about the high proportion of antibiotic-resistant staphylococcal outbreaks of deadly infection amongst babies, and of a carrier-state with cross-infection between maternity ward staff and patients. Mothers commonly are not aware of the hazards to which they expose their unborn baby when they book for hospital confinement, and we might do well to reverse the complacent tendency which has often been encouraged in suggesting that a hospital is the only hygienic and surgically reasonable place for babies to be born. The rehabilitation of domiciliary confinement as an ideal for normal mothers would probably do much for the emotional as well as infective security of their babies. It might also do something in favour of breast-feeding.

We are now arranging to follow the development of all babies who have shown asphyxia or cerebral irritation at birth until they reach evident normality.

Infant Feeding. This year, again, the only main problem which we continue to encounter is of under-feeding, either through a habitual tendency to skimp the scoops of milk powder, or whenever a baby vomits for some trivial cause, such as a blocked nose, it is the vogue to play safe by either putting the baby on to clear fluids, or drastically diluting the milk contents of the feeds. For many years, we have taught that it is impossible to over-feed a breast-fed baby, and I think we have now reached the point where we can generalize that it is practically impossible to over-feed on the bottle. If a baby is doing badly the cause is not in the quantity or richness of his feed. Local arbitrary fashions continue to puzzle me: for instance, in my area, a great deal of magnesia and liquid paraffin is used for babies with minor digestive disorders. It is almost always possible to rectify the consistency of stools in a more fundamental dietary way. Syrup of Figs continues in many families to be a weekly ritual drench.

Tuberculosis. Bovine tuberculosis is reaching the point of extinction by the general spread of attested milk production. There are, however, still too many undetected human sources of infection of children, sometimes members of the family, sometimes outside the home. As tuberculous meningitis becomes rarer, it is more likely to be undiagnosed until too late for effective treatment. The law of diminishing returns has its effect on the positive discoveries from routine tuberculin testing. The point is being reached where pioneers of nation-wide B.C.G. vaccination of infants are beginning to find that the risks, e.g. in Sweden, are now diminishing to such a point that there will be greater advantage in preserving a valid skin tuberculin diagnostic test. The marketing of freezed-dry B.C.G. vaccine this year will probably simplify the vaccination of children in vulnerable groups.

Hearing testing, deafness and speech therapy. The last year has seen further intense interest in the testing of hearing of young children with a view to ascertaining deafness at the most promising age for treatment. A film has been made by Mr. L. Fisch of the extremely painstaking methods required in testing the hearing of cerebral palsied children, against the formidable background of limitation of their responses and often limitation of their intellectual ability to respond and differentiate. Mr. Fisch and Dr. A. D. M. Jackson have also completed a prospective survey, with controls, of children born after maternal rubella early in pregnancy. They find that about 30 per cent. of the children whose mothers had rubella in the first 16 weeks of pregnancy show congenital perceptive deafness, and that in some cases this is unilateral and might escape notice. Audiometry is an important requisite for the follow-up of all children exposed to such prenatal hazard. In the same way that hearing must be tested very early in childhood to get satisfactory results, it seems now that speech therapy also needs to be pushed back as early as possible into the toddler age group, to spare children the inhibition and emotional distress which ridicule and fear might otherwise lead to when they are suffering with dyslalia or stammer.

Accidental poisoning remains a threat, and a reproach to preventive health education. I know of a recent aspirin death in an infant, and a toddler's death was recently reported from lead poisoning from cot paint. Though pink disease has almost disappeared, a brother and sister recently developed it as a result of absorption from a mercurial ointment used for threadworms. Death has been reported from encephalitis following overdose of phenolphthalein, the drug which has replaced mercury in some proprietary 'teething powders'.

This year I saw two infants who seemed to have been so severely retarded by environmental circumstances (maternal illness and separation) that at first they appeared to be mentally defective, but they subsequently caught up arrears of development.

A very 'constipated' newborn baby died of bowel perforation before Hirschsprung's Disease was diagnosed. Such cases could be saved by very early diagnosis and operation."

Welfare Foods

In 1946, the Welfare Foods Scheme, which hitherto had been a war-time measure to ensure that young children and expectant mothers had available the essential nutrients for their well-being, was recognised as a necessary accompaniment to the social services. In June of 1954, the Ministry of Food transferred the responsibility of distribution of National Welfare Foods to local health authorities and the closure of local offices of the Ministry of Food followed. The Child Welfare Centres in the County have, for the most part, become distribution points which necessitated extra sessions for that purpose, although divisional health offices and, to a lesser extent, private householders and the retail trade have contributed towards that end.

On the 30th July, a report published by a joint Sub-Committee on National Welfare Foods of the Standing Medical Advisory Committee of the Central and Scottish Health Services Councils recommended that Welfare orange juice should no longer be continued to be given to children following their second birthday. There was evidence to indicate that scurvy occasionally does occur within that age group, but that it is virtually non-existent between the ages of two and five years, there not being any firm evidence to show that a wide margin of vitamin 'C' is required beyond that which is fully adequate to prevent scurvy. The Committee came to the conclusion that children over two years receive sufficient vitamin 'C' from their varied diet and that the provision of orange juice for them is "an insurance against a contingency which the available evidence suggests does not exist". The Sub-Committee also recommended that cod liver oil should continue to be provided up to the age of five years as rickets does occasionally occur in this age group.

Whilst there has been a progressive decline in the take-up of National Welfare Foods over the past three years, it has been particularly noticeable in respect of National Dried Milk which was 26·5 per cent. lower than the figure of 1956. This particular decline may be attributable to The Welfare Foods (Great Britain) Amendment Order 1957 which came into operation on the 21st March and increased the price of the commodity from 10½d. to 2s. 4d. per 20 oz. tin. The following figures would indicate this surmise to be correct; the figures in parentheses are those for the year 1956.

	National Dried Milk (tins)	Cod Liver Oil (bottles)	Vitamin A & D Tablets (packets)	Orange Juice (bottles)
January to March	121,193 (123,476)	42,533 (41,547)	17,476 (16,162)	230,967 (195,074)
April to June	89,858 (122,734)	31,500 (34,480)	16,135 (16,961)	274,108 (241,563)
July to September	80,909 (126,169)	29,829 (32,896)	15,509 (16,048)	262,229 (232,252)
October to December ..	70,977 (121,726)	33,123 (42,853)	14,501 (15,838)	186,870 (206,482)
Totals:	362,937 (494,105)	136,985 (151,776)	63,621 (65,009)	954,174 (875,371)

Illegitimate Children

There were 999 illegitimate births of which 32 were stillbirths. Of the 967 live births, 673—together with 37 non-county cases—were dealt with through the health department. Of the 710 cases, 546 babies were retained by the mother, 6·6 per cent. of them by marriage, 89·2 per cent. by the unmarried mother, 4·2 per cent. by the grandparents. Two of the non-county cases were members of gypsy families whose ages and marital state were not known.

That the stillbirth rate and neonatal death rate throughout the country continue to be persistently higher than similar rates in respect of births in wedlock is wellknown, and those in the County Area are no exception as the table below indicates. That these mothers receive much more sympathy than those who found themselves in similar circumstances in the past is unquestionable. However, the infant, being unwanted, often lacks care; the mother, for reasons of secrecy, very often does not obtain any antenatal care; in fact, it frequently happens that the mothers' interest in the welfare of the infant is so lacking as not to give the greatest chance of its survival.

	Number of Live Births	Number of Stillbirths	Stillbirth Rate	Neonatal Death Rate
Legitimate	25,953	626	23·55	18·6
Illegitimate	967	32	32·03	26·9

Number of cases dealt with during the year:

Referred by Moral Welfare Organisation	121
Ascertained by staff of the Health Department	508
Referred by other services	81
Total ..	710

Analysis of cases:

Married	with previous illegitimate children	109
	without previous illegitimate children	119
Unmarried	with previous illegitimate children	123
	without previous illegitimate children	345
Widowed	with previous illegitimate children	6
	without previous illegitimate children	6
Marital status not known		2
	Total	710

Ages:

Under 20 years of age	165
20-25 years of age	235
26-30 years of age	130
31-40 years of age	160
Over 40 years of age	18
Age not known	2
Total	710

Disposal:

Cases settled—Marriage	36
Baby died	25
Grandparents taking baby	23
Baby adopted	92
Baby fostered	13
Mother keeping baby	487
Cases referred elsewhere	8
Cases not finally settled	26
Total	710

Accommodation was provided for 154 cases in moral welfare homes as outlined below:—

	Ante and Post natal	Ante natal only	Post natal only	Governing Body
Blackburn—The Grange, Wilpshire	1	—	—	Church of England
Bradford—Oakwell House	2	—	—	Bradford Corporation
Bradford—St. Monica's Homes	16	1	1	Church of England
Bramley—Mount Cross	6	—	1	Salvation Army
Clapham—St. Mary's Home	1	—	—	Church of England
Great Yarmouth—St. Paul's Lodge	1	—	—	Church of England
Halifax—St. Margaret's	15	—	1	Church of England
Harrogate—St. Monica's Home	6	—	—	Church of England
Huddersfield—St. Katherine's	9	1	—	Church of England
Leeds—Browning House	22	—	1	Voluntary Committee
Leeds—St. Margaret's Home	18	—	—	Roman Catholic Church
Leeds—Wyther Hostel	—	—	2	Leeds Corporation
Lincoln—Quarry Maternity Home	5	—	—	Church of England
Manchester and Salford—Mission Home	2	—	—	Methodist Church
Pontefract—The Haven	12	—	—	Church of England
Scarborough—St. Margaret's Home	1	—	—	Church of England
Sheffield—St. Agatha's Hostel	21	—	—	Church of England
Sutton-on-Hull—Sutton House	1	—	—	Church of England
York—Heworth Moor House	6	—	1	Church of England
	145	2	7	

Premature Infants

Prematurity is not determined by clinical manifestations but in accordance with international agreement based on weight at the time of birth. Any infant of or below the birth-weight of 5½ lb., therefore, is classified as being premature. The table below indicates that, of the 1,874 live premature births, 312 had died within the first month, the majority of them (93 per cent.) not having survived the first week. Of the infant deaths under four weeks from all causes, prematurity accounted for 61 per cent. of them.

The Fate of Premature Babies born in the Year 1957, to Mothers normally residing in the West Riding Administrative County Area wherever the Birth took place

Total adjusted live births—26,920

Number of live premature births—1,874
Number born dead—341

Percentage of premature live births to total live births—7·0

Weight Group lb.	Number of Premature Births						Number Dying (Days of Survival)															Number surviving over 28 days					Percentage Survival 1957	Percentage survival in previous years				
	Born Alive					Born Dead	First Week							Second Week							Over 14 up to 28 days											
	A	B1	B2	C	Total		1	2	3	4	5	6	7	8	9	10	11	12	13	14		A	B1	B2	C	Total		1956	1955	1954	1953	1952
5—5½	203	13	209	293	718	41	9	7	3	2	1	1	—	—	—	—	1	—	1	—	4	194	13	205	277	689	96·0	96·1	97·4	96·7	94·8	94·9
4½—5	156	7	93	198	454	34	15	6	7	—	1	1	1	1	—	—	—	1	—	1	2	142	7	85	184	418	92·1	91·7	91·5	93·5	94·3	93·9
4—4½	58	—	53	154	265	39	19	8	6	2	2	—	—	—	—	—	—	—	—	—	1	48	—	48	131	227	85·7	89·4	90·3	87·6	88·5	87·4
3½—4	44	—	40	84	168	57	16	4	4	4	1	—	1	—	—	—	—	—	1	1	—	40	—	32	64	136	81·0	74·8	76·5	80·2	80·4	77·4
3—3½	23	1	19	50	93	48	19	10	3	3	1	2	1	1	1	—	—	—	—	1	—	9	—	12	30	51	54·8	68·0	66·3	62·6	61·4	67·1
2½—3	9	—	19	38	66	55	20	8	7	2	1	2	—	—	—	—	—	—	—	—	—	4	—	11	11	26	39·4	43·3	45·8	36·7	52·4	40·6
2—2½	8	—	5	37	50	37	30	2	4	1	—	—	1	—	—	—	—	—	1	—	1	1	—	2	7	10	20·0	19·1	29·3	21·2	15·8	7·3
1½—2	6	—	6	29	41	20	25	4	1	1	—	2	1	1	—	—	—	1	1	—	—	1	—	—	3	4	9·8	2·5	4·2	7·5	12·9	6·1
1½ and under	3	—	3	13	19	10	19	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3·7
Total	510	21	447	896	1874	341	172	49	35	15	7	8	5	3	1	—	1	2	4	3	8	439	20	395	707	1561	83·3	83·6	85·9	84·6	83·7	82·6
							291							14																		
							313																									

A —Born in Domiciliary Practice
B1—Born in Private Nursing Home
B2—Born in Maternity Home
C —Born in General Hospital

The weight groups in the first column of this table should be read as under:—

"5—5½ lb." means "Over 5 lb. up to and including 5½ lb."
"4½—5 lb." means "Over 4½ lb. up to and including 5 lb."
The remaining weight groups should be read in the same way.

FOLLOW-UP OF PREMATURE BABIES BORN IN 1949 TO MOTHERS NORMALLY RESIDENT IN THE WEST RIDING ADMINISTRATIVE COUNTY AREA

Total born	1,426
Number who have removed outside Administrative County or where parents refuse to co-operate in the enquiry	252
	1,174

Weight Group lb.	Period of Survival Number dying at following periods of life					Survived over 8 years
	Under 1 Year	1 year and under 2 years	2 years and under 3 years	3 years and under 4 years	4 years and under 8 years	
5—5½	42	2	2	1	—	422
4½—5	33	2	—	1	—	229
4—4½	35	2	—	—	—	131
3½—4	33	—	—	—	—	70
3—3½	31	—	—	—	—	31
2½—3	33	—	—	—	—	14
2—2½	29	—	—	—	—	5
1½—2	19	—	—	—	—	—
1½ and under	7	—	—	—	—	—
Total	262	6	2	2	—	902
Percentage Survival	77·7	77·2	77·0	76·8	76·8	76·8

The weight groups in the first column of the table should be read as under:—
"5—5½ lb." means "Over 5 lb. up to and including 5½ lb."
"4½—5 lb." means "Over 4½ lb. up to and including 5 lb."
and so on.

Children Neglected or Ill-treated in their Own Homes
Prevention of Break-up of Families

Throughout the administrative county, there were, during the year, some 61 formal meetings of the Co-ordinating Committees established under the chairmanship of the Divisional Medical Officer of the area, to co-ordinate the activities of the many statutory and voluntary organisations concerned in the welfare of children. In 9 divisions, meetings were held quarterly or at more frequent intervals, and in 7 divisions, the meetings were necessary once or twice in the year; in 10 divisions, it was found to be unnecessary to hold formal meetings, but the objects of the Committees were furthered by close informal co-operation in individual cases. The constitution of the Committees varies, but they include in their membership medical, nursing and lay representatives of the Divisional Health Staff, the Children's, Education and Welfare Departments; the Police and the Probation Officer; the Clerks, Public Health Inspectors and Housing Officers of the County District Councils; the National Assistance Board and Almoners from the Hospital Service; the National Coal Board; the N.S.P.C.C., the Guild of Help, the S.S.A.F.A. and the Sheffield Family Service Unit. An appreciation of the work of the Committees can be gained from the following report given by Dr. Lyons, Divisional Medical Officer of the Morley (No. 13) Division:

"The value of co-ordination has proved itself in a number of ways:

(a) Officials have become more aware of the scope of the work and responsibilities of their colleagues in other departments or agencies.

(b) Every official is brought up to date with the situation in every family and knows what action is being taken or what line of action is proposed. The danger of multiple visitors giving conflicting advice is avoided.

(c) The meetings have resulted in closer liaison at *all* times, co-ordination being by no means limited to the quarterly meetings.

(d) Where statutory or other action could be taken by one officer or one department only, the others have been able to give timely assistance with the necessary information or evidence. Action in general has been expedited and rendered more effectively.

The following are examples of concrete results achieved by the committee's work:—

(i) Concerted action was taken by the N.S.P.C.C. and N.A.B. to refurnish and re-equip the home of a family following the return of the children from a County Children's Home. The rehabilitation of this family was largely achieved by the combined efforts of several members of the committee.

(ii) The rehousing of 2 problem families was effected as a direct result of information gleaned in the Co-ordinating Committee.

(iii) Following discussion of the home conditions of a certain family, it was decided to request the County Council to give priority to the admission of one of the children, an educationally subnormal boy, to a residential special school. The boy was admitted within three months.

(iv) The parents of a girl in need of an eye operation had ignored a succession of appointments which had been made for the girl to attend the hospital. As a result of concerted action by the N.S.P.C.C., the Health Department, the Probation Officer and the Hospital Staff, the next appointment *was* kept and the girl has now had a successful operation."

There are many instances to demonstrate that occasions arise when the removal of a child from its home is not only desirable but a prior necessity in the interests of the child and this despite all efforts to maintain the family as a unit. There were the two children of a schizophrenic mother, who was later certified and admitted to hospital, and two small children completely beyond the control of their father, himself an inadequate psychopath. One case under review was that of a mother, recently remarried, and "her 10 children, 4 of whom are ascertained mental defectives and one child in a special school. It is a problem family with which the Family Service Unit have spent a great deal of time without much result. The mother was quite incapable of dealing with the problems arising and of giving the children the care and attention they needed, although she had a great affection for them. It was felt the care of the 4 mental defectives was too great for her and eventually, after years of trying to persuade her, she agreed to let two of the children go into care. They are at present awaiting admission to a Home and it is eventually hoped she will agree to the other two spastic children being placed in a Home. It is thought that by doing this she will be able to manage the remainder of the family."

The existence of child neglect, of cruelty in some cases, and the associated break-up of the family unit, continues to present a challenge to the social services of our day. It is a challenge which has been accepted and, in the search for a solution, requires patience and an inexhaustible supply of help, encouragement, advice, the occasional salutary stimulant and a minimum of criticism. The more intractable cases are brought to notice far too late; indeed, the initial cause is often found to be associated with a marriage which is lacking in harmony or which has been ended by death or divorce, in extra-marital relationship, and occasionally by the burden of ill-health. Among the many brought forward for consideration, the following cases demonstrate the complexity of the problem.

Dr. Paterson, Divisional Medical Officer, Castleford (No. 11) Division, reports:

"The family consists of a widow and eight children (ages 22, 20, 17, 15, 12½, 10, 8 and 4). The father died in 1954; the mother is a very lazy woman and a poor manager. She is extremely plausible and not in particularly good health, but she doesn't seem to work as she could. No co-operation at all—resents any action on the part of officials. The children are very dirty and appear undernourished. Youngest child very backward. Child aged 8 had a period of convalescence but does not seem to be any better for it. The house is in a shocking state—rubbish dumped in kitchen—empty tins, bottles, etc. Upstairs no better. This family is under constant supervision by Health Visitor, Public Health Inspector, Housing Manager and N.S.P.C.C. but no improvement at all. N.S.P.C.C. contemplates dealing with the case in the near future. A most persevering, conscientious Public Health Inspector has eventually capitulated after months of surveillance. One series of visits gave him confidence that he was making slow progress but on his next visit he found they were back where he started. It seems evident that the only action possible here is for the children to be removed from the care of the mother."

Dr. Caithness, Divisional Medical Officer, Batley (No. 15) Division, reports:

"For some years this family lived in substandard conditions although rehoused in a three bedroomed council house. The mother was an invalid and eventually died and domestic conditions deteriorated still further. The family then consisted of the father, two sons (19 and 23), a daughter (17), a son (14) and two daughters (aged 4 and 6). The household work was being left to the daughter who is of very limited intelligence and the lack of cleanliness and care of the house was the subject of adverse reports by the Borough Housing Welfare Officer. In consultation with the Housing Department, it was agreed to provide a Home Help for a period with the idea of teaching the daughter the elements of housecraft. About this time also the Housing Officer obtained the release from service in the Forces of the oldest son. A Home Help was specially selected for this work and her service provided some improvement in the housing conditions but the daughter showed no aptitude whatever for domestic work and, on the cessation of Home Help through illness, the conditions of the house deteriorated again and particularly the care of the two young children was seriously lacking (they were found by a Health Visitor to be verminous, ill-clad and suffering from impetigo). Repeated attempts were made to contact the father personally but these failed, partly because of his hours of work. Eventually he was requested to attend at the Divisional Health Office where he was interviewed by the Divisional Medical Officer, the Housing Officer, the Local N.S.P.C.C. Officer and the Chairman of the Borough Housing Committee. He was reminded of the unsatisfactory condition of his house and the anxiety regarding the welfare of his younger children and of his responsibilities in these matters. Some improvement in the general conditions of the house and the care of the children has resulted from these actions but this family still requires close supervision."

Dr. Appleton, Divisional Medical Officer, Brighouse (No. 18) Division, reports:

"We sometimes have cases where wives, who are ill-treated and kept short of a fair share of the house-keeping money and would be better off without the husband, cannot even threaten to leave home and are unwilling to take action against their husbands because, if they did so, they and the children would be without a home. Usually, the Housing Manager is able to help by putting the tenancy either in the joint names or in the wife's name, and occasionally the husband, without the whiphand of a house, improves. We had one case where the husband was a bigamist. His first wife turned up. She was living with another man. He obtained a divorce from her, and action against him was not contemplated because of certain extenuating circumstances. At the time of discovery of marriage, he arranged to pay his bigamous wife only board money for the children. A new Council house was obtained for this family, and the cohabitor held a constant threat over the woman who had previously thought she was his wife of turning her out of the house. We obtained the tenancy of the Council house in joint names. It was difficult to persuade the Council to do so

because they were not keen on having two people living together who were not married and were, indeed, estranged. The man stated he had no intention of marrying her, but the tenancy was put into joint names. This had a very salutary effect on the cohabitor, who has since married her, and for a year now there has been no trouble in this family. This case was dealt with purely by this department, and except for my joint appointment as Medical Officer of Health for the Urban District, I do not think we would have had the desired result."

Dr. Cusiter, Divisional Medical Officer, Wath upon Dearne (No. 26) Division, reports:

"In one instance where a widow had allowed her home to get in a disordered and dirty condition, the two younger children were admitted to voluntary care in a County Home whilst, with the assistance of the Public Health Inspector and the Assistant Children's Officer, the home was cleansed—this took time as income was limited and rent arrears were considerable. Spare beds were obtained by the assistance of the Public Health Inspector and the family was reunited after a 14-week absence of the two younger children in County Homes. Conditions in this house are improved but still not as good as we would like."

Dr. Penman, Divisional Medical Officer, Doncaster (No. 28) Division, reports:

"The case of an unmarried mother with three children, consisting of male born 24.2.53 (this child is a mental defective and an epileptic), a male born 27.10.54 and a female born 2.3.56, both of which are normal healthy children. The mother and children live with her mother in a Council house, in indescribable filth, the grandmother is mentally unbalanced and, according to the daughter, will not allow her to clean the place up or allow Health Visitors into the house. The Divisional Medical Officer has visited with the N.S.P.C.C. Inspector, and also the Assistant Children's Officer has visited, and the case was brought before the Court in February, 1958, and the children were taken into care. The defective boy is waiting for a place to be found in an Institution for Mental Defectives. The whereabouts of the putative father, who is the same for all three children, are at present unknown. It is hoped that in the absence of the children the mother will be able to dispose of the rags and clean up the house.

"A family consisting of parents and three children—two girls, aged 5 and 4, and a boy 28.4.57. The husband is a good deal older than his wife and it is his second marriage, his first wife having divorced him. The wife has been to a recuperative home for treatment, with the two elder children; she is not very intelligent but gets no help whatsoever from her husband, who drinks and gambles, and is persistently cruel to her. The N.S.P.C.C. woman worker pays frequent visits here and also the Health Visitor, and up to now the marriage is holding together, but continued help and supervision will need to be given to this family. The children are well clothed and well fed, and there has never been any physical cruelty to them from the father."

Day Nurseries

The day nurseries which are available provide more than adequate accommodation to meet the established needs, for reasons of health and associated socio-medical conditions, of the areas in which they are situated. Whereas the lessening need may be a cause for satisfaction, it is no less a source of embarrassment when financial considerations suggest that it is uneconomic to operate a nursery with fewer than fifty per cent. of the places being occupied regularly. The situation remains under constant scrutiny in the knowledge that any decision to close a nursery must cause distress in the remaining few cases where help is needed. There were six nurseries in operation, as was reported last year, namely:

Div. No.	*Day Nursery*	*No. of Places Provided*
3.	Keighley.	50.
4.	Shipley.	50.
8.	Harrogate.	40.
15.	Heckmondwike.	40.
18.	Brighouse.	40.
19.	Todmorden.	40.

The County Council also accepted financial responsibility for the accommodation of a further seven children in day nurseries administered by the County Boroughs of Huddersfield and Leeds and in one private nursery at Sheffield; seven were still in attendance at these nurseries at the end of the year.

MIDWIFERY

"23.—(2) *It shall be the duty of every health authority to secure, whether by making arrangements with Boards of Governors of teaching hospitals, Hospital Management Committees or voluntary organisations for the employment by those Boards, Committees or organisations of certified midwives or by themselves employing such midwives, that the number of certified midwives so employed who are available in the authority's area for attendance on women in their homes as midwives, or as maternity nurses during childbirth and from time to time thereafter during a period not less than the lying-in period, is adequate for the needs of the area.*"

There is a clear indication that childbirth is much safer to-day than it was thirty years ago; however, a study of the Report on Confidential Enquiries into Maternal Deaths in England and Wales for the years 1952-54, which was published early in the year, indicated that a further reduction in the present low maternal mortality was possible. The Report classified the cause of death into the four largest clinical groups, which showed that the greatest single cause was toxaemia (22 per cent.), followed by haemorrhage (17 per cent.), abortion (14 per cent.) and pulmonary embolism (13 per cent.). These four groups accounted for two-thirds of all deaths directly due to pregnancy and childbirth. Among the deaths due to toxaemia, 52 per cent. of them presented a primary avoidable factor. In deaths from haemorrhage, either ante-partum or post-partum, avoidable factors were present in 64 per cent. Of the deaths due to abortion, two-thirds revealed avoidable factors. In the fourth group, one-third presented avoidable factors. The Report indicated that errors were found to be greater in the domiciliary services than in those of the hospital. Confusion in respect of responsibility between the doctor, midwife, clinic and hospital was said to contribute to the deaths of a number of patients, and the need

for greater co-operation and better ante natal supervision of all patients was necessary. Better ante natal care and the early detection and treatment of toxaemia was essential. Prompter and more effective treatment of haemorrhage, together with the use of the 'Flying Squad', was necessary in dealing with the emergencies of domiciliary midwifery. There was also the necessity for the better selection of cases for specialist care in hospital, especially those in the higher parities and age groups.

It is deplorable to think that anomaly of control of the maternity services could be responsible for maternal death. It is to be hoped that the Cranbrook Committee, set up to review the existing organisation of the maternity services, will, in their deliberations on a very difficult subject, reach conclusions on an organisation capable of ensuring the continuity so vital to this service.

Institutional Midwifery

Fifty-nine per cent. of all births took place in hospital. This figure is remaining constant year by year and is uninfluenced by fluctuations in the birth rate. As is indicated in the table below, wide variations exist in the number of births taking place in hospital as from one division to another, and inequitable distribution of beds is accountable for this factor. The view of the Royal College of Obstetricians and Gynaecologists is that hospital confinement offers the maximum safety for the mother and child, and by reason of this, for all women who will accept hospital accommodation, it should be provided. There is the conflicting view, however, that if provision is made for all cases on obstetric, medical and social grounds, the remaining potentially normal deliveries could be undertaken in the homes. Whether it is the patient's wish or not, there is evidence to show that not all women presenting an obstetric risk and, therefore, having the strongest claim to a hospital bed, are being delivered in hospital. There is little doubt that the opinion of the Royal College is becoming more and more the acceptable viewpoint of the general public which creates problematic situations for those responsible in the hospital service. How these situations are being resolved may be reflected in the number of discharges from hospital before the termination of the recognised lying-in period of fourteen days, suggesting a greater bed turn-over, although in some instances shortage of nursing staff could be a contributory factor. There were 6,351 such discharges during the year, representing a progressive rise since 1951 when the figure was 2,685.

Div. No.	Area	Population	Total Births (Live and Still)	Place of Birth			
				Hospital		Domiciliary	
				No.	%	No.	%
1	Skipton	81,270	1,265	1,030	82	235	18
3	Keighley	55,320	877	727	83	150	17
4	Shipley	67,080	978	715	74	263	26
5	Horsforth	74,510	1,085	868	80	217	20
6	Otley	34,840	499	402	81	97	19
7	Ripon	24,470	353	276	79	77	21
8	Harrogate	77,040	1,132	944	84	188	16
9	Wetherby	49,160	745	418	57	327	43
10	Goole	45,410	748	369	50	379	50
11	Castleford	60,260	977	609	63	368	37
12	Pontefract	57,650	1,147	593	52	554	48
13	Morley	82,230	1,385	868	63	517	37
15	Batley	48,350	811	658	82	153	18
16	Rothwell	54,990	887	399	45	488	55
17	Spenborough	48,400	692	569	83	123	17
18	Brighouse	58,220	882	589	67	293	33
19	Todmorden	55,190	820	448	55	372	45
20	Colne Valley	89,260	1,254	867	70	387	30
22	Wortley	87,180	1,322	781	60	541	40
23	Hemsworth	65,270	1,444	617	43	827	57
25	Barnsley	75,920	1,333	655	50	678	50
26	Wath upon Dearne	46,260	869	356	41	513	59
27	Adwick le Street	40,240	813	351	44	462	56
28	Doncaster	59,980	1,296	541	41	755	59
29	Thorne	34,170	730	280	39	450	61
30	Mexborough	63,190	1,259	471	38	788	62
31	Rotherham	88,140	1,941	850	44	1,091	56

Domiciliary Midwifery

Examination of the age structure of the County domiciliary midwifery staff reveals disconcerting features, and should the present shortage of practising midwives continue, the stability of the service will be in jeopardy. At the end of the year, there were 265 midwives in the employ of the authority, of which 190 were engaged on whole-time duties and 75 undertaking part-time work. The age groups were as follows:—

Under 35 years of age	47
36 to 45 „ „ „	72
46 to 55 „ „ „	87
Over 55 years of age	59
Total ..	265

The disturbing factor is that the 59 midwives who have attained the optional retiring age of 55 years could leave the service at any time; that they have not already done so is, in the main, due to their late entry into the service. It should not be overlooked, however, that in the future the younger age groups will probably exercise the option, although at the present time retirement only accounts for 30 per cent. of the annual wastage. Over the past five years, recruitment of staff has averaged 26 per annum.

County midwives were in attendance at 11,190 deliveries and acted as maternity nurses on 1,171 occasions. Medical Practitioners contracted to provide maternity medical services for 8,451 cases, an increase of 548 cases over the previous year.

As the Local Supervising Authority under the Midwives Act of 1951, notifications of intention of practise within the area of the Authority were received from 434 midwives; of these, 283 were in respect of midwives engaged in domiciliary practice, 265 being employed by the Authority and 18 in private practice; the remaining 151 midwives being employed in hospitals and nursing homes.

Midwives are required under the Rules of the Central Midwives Board to summon medical aid in respect of all cases of illness of the patient or infant, or in case of any abnormality becoming apparent in the patient or infant during pregnancy, labour or lying-in. There were 2,826 medical aid notices issued during the year, of which 588 were in respect of patients in institutions and 2,238 from midwives in domiciliary practice. The following tables summarise the conditions for which medical aid was sought:—

PREGNANCY

	Domiciliary	Institutional	Total
Abdominal pain	13	1	14
Abortion—complete	75	—	75
incomplete	18	—	18
threatened	82	—	82
Anaemia	2	—	2
Ante-partum haemorrhage	110	8	118
Breast condition	1	—	1
Disproportion	2	—	2
Epilepsy	1	—	1
General condition	30	3	33
Hydramnios	3	—	3
Malpresentation	26	1	27
Miscarriage	22	—	22
Multiple pregnancy	2	—	2
Post-maturity	11	—	11
Pyelitis	2	1	3
Toxaemias —albuminuria	20	1	21
eclampsia	6	3	9
hypertension	37	1	38
oedema	14	—	14
toxaemia	28	14	42
Vomiting	5	—	5
	510	33	543

LABOUR

	Domiciliary	Institutional	Total
Episiotomy	5	13	18
Foetal distress	20	28	48
General condition	12	2	14
Intra-partum haemorrhage	5	3	8
Labour— delayed	162	46	208
notification of	5	—	5
obstructed	5	—	5
precipitate	6	1	7
premature	45	4	49
Laceration—labial	2	11	13
perineal	696	277	973
vaginal	1	10	11
Malpresentation	57	28	85
Multiple delivery	3	1	4
Obstetric shock	8	1	9
Retained placenta	75	15	90
Ruptured membranes	32	4	36
Uterine inertia	32	3	35
Uterine inversion	1	4	5
	1,172	451	1,623

Lying-in

	Domiciliary	Institutional	Total
Abdominal pain	6	1	7
Breast condition	29	11	40
Chest condition	3	2	5
General condition	37	4	41
Influenza	3	1	4
Maternal distress	5	—	5
Oedema	2	—	2
Phlebitis	16	2	18
Post-partum haemorrhage	75	16	91
Pyelitis	1	—	1
Pyrexia	51	19	70
Subinvolution	1	2	3
Varicose veins	13	5	18
Vomiting	1	1	2
	243	64	307

Child

	Domiciliary	Institutional	Total
Abnormality	15	2	17
Asphyxia	13	—	13
B.B.A.	13	—	13
Chest condition	6	—	6
Congenital defect	10	—	10
Coryza	4	2	6
Cyanosis	20	5	25
Death	1	—	1
Deformity	11	5	16
Eye condition	50	3	53
General condition	60	4	64
Haemorrhage	2	—	2
Jaundice	11	—	11
Mastitis	—	1	1
Melaena	—	2	2
Prematurity	51	7	58
Skin condition	12	3	15
Stillbirth	21	—	21
Umbilical condition	3	2	5
Vomiting	10	4	14
	313	40	353

The following statutory notifications were received from midwives during the year:—

Maternal death	5
Death of the infant	64
Stillbirth	200
Laying out of the dead	60
Substitution of artificial feeding	2.293
Liability to be a source of infection	127

As the Local Supervising Authority under the Midwives Act, the County Council are responsible for the supervision of practising midwives within their area and, for this purpose, two non-medical supervisors are employed. The following is a summary of their work:—

Consultations with Divisional Medical Officers	117
Practical visits to midwives	307
General visits to midwives	137
Attendances at labour	5
Attendances at parentcraft classes	35
Visits of inspection at maternity homes	15
Visits undertaken with pupil midwives	14

Post-certificate instruction.—Fifty-five midwives attended approved post-certificate courses at the following centres—Bradford, Brighton, Hull, Manchester, Sheffield and Stoke.

Fourteen pupil midwives were trained in the practice of domiciliary midwifery in accordance with the regulations of the Central Midwives Board governing second period training.

Analgesia.—There were 296 gas and air machines and 1 trilene inhaler in use at the end of the year. Pethidine was also administered, alone or in combination with gas and air, and the following table indicates the extent to which analgesics were made use of within each administrative division.

Div. No.	Area	Percentage receiving Analgesia			
		Gas and air	Pethidine	Gas and air with Pethidine	Total
1	Skipton	20	9	41	70
3	Keighley	19	22	32	73
4	Shipley	13	3	80	96
5	Horsforth	24	5	61	90
6	Otley	26	9	54	91*
7	Ripon	27	7	40	74
8	Harrogate	28	4	45	77
9	Wetherby	37	7	34	82*
10	Goole	20	8	46	74
11	Castleford	73	2	8	83
12	Pontefract	13	21	49	83
13	Morley	25	7	53	85
15	Batley	3	40	22	65
16	Rothwell	23	16	43	84*
17	Spenborough	52	1	20	73
18	Brighouse	20	5	62	87
19	Todmorden	24	3	59	86
20	Colne Valley	12	12	55	79
22	Wortley	21	21	10	52
23	Hemsworth	24	20	32	76
25	Barnsley	21	13	49	83
26	Wath upon Dearne ..	12	46	7	65
27	Adwick le Street ..	25	16	32	73
28	Doncaster	16	16	49	81
29	Thorne	17	21	31	75*
30	Mexborough	32	6	44	82
31	Rotherham	9	41	20	72*
Leeds Hospital Region		25	11	44	81*
Sheffield Hospital Region ..		19	23	31	74*
West Riding Administrative County		22	17	38	78*

The totals marked with an asterisk include a small number of cases where Trilene was administered.

Flying Squad.—Arrangements are in operation from the undermentioned hospitals whereby emergency units are available for the domiciliary treatment of patients whose condition is too grave to justify immediate transfer to hospital. This service has, over the years made a valuable contribution towards the reduction of maternal mortality.

St. Helen Hospital, Barnsley.
St. Luke's Hospital, Bradford.
General Hospital, Halifax.
General Hospital, Harrogate.
Royal Infirmary, Huddersfield.
Maternity Hospital, Leeds.
Montagu Hospital, Mexborough.
Jessop Hospital, Sheffield.
General Hospital, Wakefield.

HEALTH VISITING

"24.—(1) *It shall be the duty of every local health authority to make provision in their area for the visiting of persons in their homes by visitors, to be called 'health visitors', for the purpose of giving advice as to the care of young children, persons suffering from illness, and expectant or nursing mothers, and as to the measures necessary to prevent the spread of infection.*"

The number of personnel employed in 1957 was 12 less than in the previous year. The establishment provides for 341 health visitors but on 31st December, 1957, the number employed was 323, made up as follows:— 4 whole-time school nurses, 239 qualified health visitors and 43 nurses undertaking the combined duties of health visiting and school nursing; 22 qualified health visitors working part-time, and 11 tuberculosis visitors; additionally, 4 nurses combined the duties of home nursing, midwifery and health visiting, the whole being the equivalent of 296 full-time health visitors. A summary of the work is shown below:—

No. of families visited	88,045
No. of children under 5 years of age visited	95,052

ANALYSIS OF VISITS.

Expectant Mothers			9,560
Children—under 1 year	150,138		
aged 1-2 years	77,991		
aged 2-5 years	108,054		
			336,183
Tuberculous households			28,968
Other cases			151,125
School Health			24,856
Ineffective			43,029
	Total		593,721

CLINIC AND SCHOOL SESSIONS.

Maternity and Child Welfare	30,014
Ultra Violet Light	2,785
Parentcraft	559
Specialist—Chest	2,493
Other	2,801
School Health	26,411
Total	65,063

The difference between the number of families visited in 1957 and those visited in 1956 was slight, but some 10,000 more children under the age of 5 years were visited than in the previous year; analysis shows, however, that they were visited less frequently. In tuberculosis work, there was a slight decrease in the number of households visited.

The overall picture of clinic sessions is similar to that of 1956 but with a different distribution. There was an increase of 5,000 child welfare clinic sessions, but a decrease in those held for ultra violet light treatment. Parentcraft classes decreased by 450 sessions whilst specialist clinic sessions increased by 206.

The health visitors, with help from part-time unqualified assistants, have endeavoured to cover the County and meet the needs of the community. However, B.C.G. and poliomyelitis vaccination sessions have reduced the time available for routine care.

Home safety, behaviour problems and family relationships are achieving prominence amongst the varied duties undertaken by the health visitor; there is also an indication that emphasis is being applied to these subjects in the training of students. The extent of effective help which the health visitor can give in mental health and welfare is not yet clearly defined, but, with her intimate knowledge of the family and with the right kind of mental health training, she should be able to give valuable primary assistance to the family as a whole.

It seems clear that the majority of mothers still rely upon the health visitor for general advice and instruction on child care, but routine visiting in most areas is a thing of the past and is now replaced by selective visiting with additional request visits.

The ageing section of the community required increased care which accounted for a great deal of the time of the health visitor, the work consisting of the assessment of need for home help and advice on diet, whilst assistance is often sought on the completion of official forms and the application for supplementary pensions.

Health visitor liaison with practitioners and voluntary and statutory bodies still progresses.

Refresher training.—Twenty-six health visitors attended approved courses arranged by the Royal College of Nursing and the Women Public Health Officers' Association. Many of these health visitors wrote letters to the Committee expressing appreciation, and all returned stimulated with new ideas and a greater zest for their jobs. An in-service training course on 'Human Relations' was held at the Grantley Hall Adult College in March. The speakers were Dr. A. J. Dalzell-Ward and Mr. D. L. Porter, both from the Central Council for Health Education. The subjects discussed were "The Concept of Emotional Security" and "The Insecure Personality", followed by a talk on "The Contribution of Drama to Health Education". At a later stage, certain everyday problems were discussed and the beneficial use of a tape recorder was explained to the 53 health visitors who attended.

Petrol rationing prevented the arranging of group discussions in the first half of the year but a meeting was held on Saturday, 5th October, in County Hall when some 209 health visitors attended.

Supervisory Staff.—The two superintendent health visitors retired during the year—Miss R. O'Brien in May and Miss A. Carey in June. Miss O'Brien had worked in the West Riding for 30 years, first as a health visitor and later as superintendent, whilst Miss Carey had given 19 years' service as a superintendent health visitor. In the early part of the year, they visited clinics, health visitors and divisional medical officers; they also helped with the refresher course as Grantley Hall.

Student Health Visitors.—Miss Edwards continued as health visitor tutor for the West Riding County Council at Leeds University Department of Preventive Medicine, and she makes this report:—

"Applications from suitably-qualified women to take the health visitors' training course, sponsored by the County Council, were small in number and, after careful selection, 10 were accepted for the course at Leeds University. Of these students, 9 passed the examination of the Royal Society of Health in July and were appointed as health visitors in the administrative county.

With the increasing accent on the aspect of mental health and in view of the recommendations of the Royal Commission on Mental Health, the training syllabus at Leeds has been revised and the number of lectures on psychiatry and psychology have been increased. This series of lectures is given by a team from the Psychiatric Department of the University, whilst the legislative aspect is dealt with by personnel who are daily concerned with this facet of the work. Visits of observation to mental hospitals have been arranged and lectures and demonstrations given.

This is but one instance of how modern trends affect a training scheme and emphasises the need for tutors to be in touch with work in the field as well as having academic interests."

HOME NURSING

"25.—*It shall be the duty of every local health authority to make provision in their area, whether by making arrangements with voluntary organisations for the employment by those organisations of nurses or by themselves employing nurses, for securing the attendance of nurses on persons who require nursing in their own homes.*"

At the end of 1957, the staffing position of home nurses was similar to that in 1956—302 instead of 304. These were made up of 207 full-time home nurses, 71 home nurse/midwives, 4 home nurse/midwife/health visitors, 7 part-time trained nurses, 10 whole-time State Enrolled Assistant Nurses and 3 part-time State Enrolled Assistant Nurses. The number of nurses who went for training increased from 11 in 1956 to 20 in 1957. There were 49 new appointments of which 14 were home nurse/midwives, but these appointments were offset by the loss of 48 nurses; 6 due to normal retirements, 1 on the grounds of ill-health, 2 died and 39 resigned to take other posts or to marry.

There is still a national shortage of home nurses, although, in the West Riding, it is perhaps less evident than in some other places. The average number of nurses working, after allowance had been made for leave of absence and sick leave, was 252 which is 38 below the establishment of 290 whole-time nurses.

A summary of the work, as indicated in the table below, shows a total of 35,542 cases attended, involving 849,235 visits. The number of visits in medical, tuberculosis and maternal complications nursing has increased, but this increase is related chiefly to medical cases amongst the aged.

Type of Cases attended	*No. of cases attended*	*No. of visits by Home Nurses*
Medical	26,819	656,557
Surgical	7,658	148,030
Infectious Disease	56	742
Tuberculosis	698	40,814
Maternal Complications	311	3,092
TOTAL	35,542	849,235
Age Groups		
0–5	1,997	15,890
5–65	16,490	310,579
Over 65 years	17,055	522,766
TOTAL	35,542	849,235
Patients included in the above who have had more than 24 visits during the year	5,729	393,183

Visits for injection only, numbered 328,896, which represents 39 per cent. of the total visits and an increase of 4 per cent. over the figures for 1956. The amount of injection work varies from 5 per cent. in the Ripon division to 72 per cent. in Bentley, and it does appear that the divisions with a percentage of 40 or over are concentrated in the southern part of the County.

In some areas, there has been less chronic sick nursing and more injection therapy, particularly of the diuretic type. Such injections helped to keep many of the older people from being bed-ridden or hospitalised, and it would seem that the pressure on hospital beds is relieved by the home nursing service.

There is a tendency towards greater reliance on the home nursing service which is evident by the earlier discharge of post-operative cases from hospital and the fact that more people are nursed at home who would, in previous years, have been admitted to hospital.

Dr. Telford Burn, Divisional Medical Officer, Horsforth (No. 5) Division, writes:—

"Whilst there are, of course, many cases in which it has been possible to relieve the pressure on hospital beds by early discharge of patients to the care of the home nursing service, there are relatively few cases which have been treated throughout at home, who, but for the home nursing services, would have required hospitalisation.

Typical examples of this latter group are two female patients. The first, aged 58 years, had a cerebral haemorrhage in December, 1956, with right-sided hemiplegia, incontinence, and loss of speech. She required constant nursing care to prevent bed-sores, and ultimatcly recovered. She had a recurrence in September, 1957, and was unconscious for several days. Once again she was saved from admission to hospital by the provision of home nursing and is now recovered and able to walk without even a stick.

The second example was a 76-year-old woman suffering from Parkinsonism who fell on the stairs and sustained very severe bruising of her buttocks and lower back. She developed ulceration of the bruised area which went on to sloughing so that several vertebrae were visible and there was a large cavity in thc buttock. The wounds were treated twice daily for eight months, and have now healed over. In all, nearly 700 visits have been paid, and she is still being visited for general nursing care each day.

Two cases which had been in hospital were a man whose cystotomy wound broke down after discharge from hospital, and who was saved from re-admission by the provision of home nursing care, and a woman who had radiation burns of the chest following deep X-ray therapy, and refused skin grafting. She had well over 100 visits by the home nurse for dressings, but would otherwise have had to be re-admitted to hospital for treatment."

Dr. Payne, Divisional Medical Officer, Harrogate (No. 8) Division. writes:—

"The Home Nursing Service relieves the pressure on hospitals by delaying or preventing the admission of cases of illness to hospital. This applies, particularly in Harrogate, to the case of old people, who can be maintained in their own homes under the care of the home nurse, in some cases for months and in some cases for years, before it is necessary for them to be admitted to long-stay chronic hospitals for the elderly. This is particularly the case with the elderly people who are living alone, and who have no close relatives or friends who are able to care for them. In this Division, 70 per cent. of the cases attended by home nurses were aged 65 or over at the time of the first visit.

During 1957, the large total of 9,842 injections of insulin were given by home nurses in this Division. Some of the elderly people to whom these injections were given would undoubtedly have had to be admitted to hospital for the control of their diabetes, were it not for the home nursing service. In addition to the giving of these insulin injections, the home nurse can advise and assist these diabetic patients with the diet which their doctor advises them to follow. They easily get confused in carrying out the diet advised and often require advice and help on this matter."

Dr. Appleton, Divisional Medical Officer, Brighouse (No. 18) Division, writes:—

"In discussing the effectiveness of the Home Nursing Service in relieving the pressure on hospitals by providing home care for patients, not only must we include those who otherwise would have to be admitted to hospital but those who are discharged earlier. Many patients are now discharged after surgery for dressings to be done at home. Such surgical cases include mastectomy, cases of hernia, amputation of limbs and nephrectomy. Many of these have wounds which require the daily services of a trained nurse."

Supervision.—Two Home Nurse Superintendents continue to supervise the service, acting as consultants whenever difficulties arise concerning nursing techniques and other problems. They paid 329 routine visits to nurses and 99 special visits; in addition, they had 123 consultations with the Divisional Medical Officers and 40 interviews for staff appointments.

Refresher Training.—A course was held at Grantley Hall from 8th to 14th July, 1957. The course was opened by County Alderman Major J. C. Hunter, M.C., Vice-Chairman of the Regional Hospital Board and was attended by 31 home nurses. Emphasis on the necessity of close liaison between hospital and field staff was made, in particular that relating to the early notification of hospital discharges. The theme of the course was "The Psychological Aspect of Illness" with the inaugural lecture given by Dr. J. Valentine, Medical Superintendent of the Scalebor Park Hospital, Consultant Psychiatrist and Lecturer in Psychiatry at the University of Leeds.

The inaugural lecture and two subsequent ones were invaluable inasmuch as they made the home nurses aware of the causes of breakdown in health. They emphasised the need for understanding the situations which arise with the stresses and strains of an illness in the home. Dr. Henderson, Paediatrician for the City of York, spoke of the care of children, both in the home and hospital, and of the attitude of parents and nursing staff to each other and to the child. The County Welfare Officer gave a most helpful talk on all the practical problems relating to the care of the aged; this was followed by many questions about difficulties home nurses had encountered in the past.

There was an entertaining but informative talk on environmental hygiene given by Mr. Birtwistle, Chief Public Health Inspector of the Horsforth Urban District Council. Miss Heaney of the Ministry of Health, Leeds Region, also spoke on "Promotion of Health in the Home", and Miss Corcoran, Matron, Queen's Training Home, Leeds, gave thc demonstrations of nursing techniques which provoked lively discussion. Two visits were made, one to Scalebor Park Hospital where students were able to see something of the practical side of the treatment of mentally sick patients. The second visit was to Messrs. Rowntree's Chocolate Factory where the accent was placed on factory nursing and the care of the adolescent in industry.

Group Lectures.—A series of three lectures and demonstrations on the "Art of Lifting" was given by Mr. G. E. Hickling of the Central Council of Physical Education. The lecture centres were Wakefield, Rawmarsh and Ilkley, and some 90 members of the staff attended.

VACCINATION AND IMMUNISATION

"26.—(1) *Every local health authority shall make arrangements with medical practitioners for the vaccination of persons in the area of the authority against smallpox, and the immunisation of such persons against diphtheria.*

(2) *Any local health authority may, with the approval of the Minister, and if directed by the Minister shall, make similar arrangements for vaccination or immunisation against any other disease.*"

Under Section 26, the Authority have approved schemes for vaccination against smallpox, immunisation against diphtheria, immunisation against whooping cough, immunisation against tetanus, and vaccination against poliomyelitis.

Approval to the scheme for immunisation against tetanus was only given by the Minister in 1957 and facilities were introduced from October. The immunisation may be given separately, or in combination with diphtheria and/or whooping cough immunisation.

Certain changes were also made during the year in the schemes for diphtheria and whooping cough immunisation following the issue by the Minister of Circular 8/57, and further details, together with an account of the work done during the year under the various schemes, will be found in Part II of the Report under the heading of Epidemiology.

AMBULANCE SERVICES

"27.—(1) *It shall be the duty of every local health authority to make provision for securing that ambulances and other means of transport are available, where necessary, for the conveyance of persons suffering from illness or mental defectiveness or expectant or nursing mothers from places in their area to places in or outside their area.*"

The Service is under the charge of Mr. V. Whitaker, O.B.E., County Ambulance Officer, who has supplied the following report:—

	Year ended 31st Dec.		Variation on 1956	
	1956	1957	Increase	Decrease
Admissions	41,448	43,061	1,613	—
Discharges	29,059	28,172	—	887
Transfers	9,154	9,379	225	—
Out-Patients	348,145	352,651	4,506	—
Accident and Emergencies ..	12,741	9,812	—	2,929
Children to Occupation Centres	172	—	—	172
Total of Direct Service	440,719	443,075	2,356	—
Totals of Direct Service plus Agency and Car Pool Services	472,769	471,888	—	881
Mileage of Direct Service ..	2,945,507	2,944,346	—	1,161
Total Mileage (incl. Agency and Car Pool Services)	3,249,417	3,245,362	—	4,055

The number of ambulance users during the year substantiates last year's indication that demand has now reached a fairly constant level. Close co-operation with Hospitals and General Practitioners continues to help towards obviating mis-use of ambulances and to the co-ordination of all concerned in providing an efficient service to the public.

There has been continued improvement in radio vehicle control and telephone communications.

The scheme for the Settle area is now in operation with a radio transmitter at Settle, with Barnoldswick and Keighley Depots linked by direct lines to Skipton Depot and the latter to Settle Depot.

Of the total fleet of 143 vehicles, 107 are fitted with radio.

There has been further development of direct telephone lines for centralising calls, particularly at night.

The new Vehicle Maintenance Workshop at Birkenshaw was occupied in June, 1957. This gives an immense improvement in the working conditions of the staff and the facilities for vehicle repair.

During the year 12 new vehicles have been received, fitted with the B.M.C. 2·2 litre Diesel Engine, now giving a total of 31 vehicles powered by this engine.

Work is now in progress on the fitting of a De-Dion Rear Axle to a Morris Chassis which, together with improved front suspension, will give improved riding conditions. This arrangement will ultimately mean a reduction in the height of the vehicle floor to facilitate stretcher loading.

The depot building programme has been held up somewhat by the withholding of Government loan sanction, but work on the new South Kirkby Depot has commenced and approval to proceed with the new Hoyland Depot has been given.

A new depot is being built at Penistone with joint facilities on the Penistone Fire Station.

Conditions attached to the qualifying of operational staff in First Aid have been revised and should lead to a still higher standard in First Aid efficiency throughout the Service.

As a result of an Arbitration Tribunal Award in November, 1957, it has been necessary to reorganise the manning system at 18 out of 23 depots. Previously these depots were manned at night by a stand-by (sleeping) staff. As the Award ruled that stand-by duty was only applicable to stand-by at home and that for any duty on the depot at night the staff must be paid at normal working rates, night working shifts have now been introduced at these depots. This has caused some upheaval as regards staffing. A certain number of extra staff will be required and a complete review of staffing and communications is necessary. The effect is far reaching and the final outcome will not be known for some time.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

"28.—(1) *A local health authority may with the approval of the Minister, and to such extent as the Minister may direct shall, make arrangements for the purpose of the prevention of illness or mental defectiveness, or the after-care of such persons, but no such arrangements shall provide for the payment of money to such persons, except in so far as they may provide for the remuneration of such persons engaged in suitable work in accordance with the arrangements.*"

Health Education

Acts of Parliament. Regulations or public health measures alone cannot make people healthy; they can assist in making health possible, but it is the people themselves who must win and retain health by their own way of living. While curative measures are more tangible and possibly more immediately rewarding than their preventive counterparts, no one would deny that prevention is better than cure and health education has become one of the most important functions of those engaged in preventive medicine. Although mentioned separately here, health education is fundamental to all the activities of the Department and the subjects dealt with in this Report.

Our aim is that health education should encourage the art of living and a healthy way of life and should be comprehensive with no one too young or too old to gain benefit; the efficiency and value of any scheme depending on its adaption to the needs and social levels of the population.

The main health educators by virtue of their duties are the health visitors and nurses who in the homes and clinics, through personal advice, talks, demonstrations and discussions impress upon people exactly what good health is, how it can be achieved and how it can be maintained. This advice is reinforced in schools, at Youth Club Meetings, Parent-Teacher Associations by various members of the health team so that every endeavour is made to reach as wide an audience as possible.

Increasing use is being made of visual aids in the furthering of propaganda. A representative collection of film strips is kept at headquarters from which Divisional Medical Officers and their staffs may borrow and judging from the requests it is apparent that useful results are being achieved. Approximately 55,500 leaflets, cards and bookmarks covering a wide range of topics were distributed to the public by the various members of the health team and over 3,500 posters were displayed in clinics, health offices, shop windows and on hoardings throughout the County.

It has been said that "Constant dripping will break the stone." With this in mind Divisional Medical Officers have co-operated with the Central Office of Information in the insertion of advertisements in local newspapers drawing attention to the safeguards afforded by diphtheria immunisation and the necessity to achieve and maintain a high level of immunisation in the child population.

The task of organising health education propaganda within the various Divisions is undertaken by the Divisional Medical Officers and Dr. Payne, Harrogate (No. 8) Division, reports:—

"1. Talks and lectures are given on Health Education matters by the medical members of the staff in this Division. These have included talks to Parent-Teacher Associations, Federation of University Women, the National Society for Mentally Handicapped Children, talks on vaccination and immunisation to mothers at Infant Welfare Centres, and other groups of the public, and lectures to various voluntary organisations such as Men's Forum, Men's Fireside Club, etc. Probably the main methods of Health Education, as far as the doctors in this Division are concerned, is the advice and consultation given to parents regarding their children at School Medical Inspections and at Infant Welfare Clinics. This personal and individual approach probably has the greatest influence in the spread of Health Education. The Divisional Medical Officer lectures twice yearly to the senior apprentices at the Army Apprentices School, Harrogate, on the Local Authority Health Services, and also lectures twice yearly to student nurses of the Harrogate and District General Hospital on the Social Aspects of Disease.

2. Public Health Inspectors on the staff of this Department do, from time to time, take part in Health Education matters, particularly giving talks on the subject of food hygiene, and during their visits to shops, food premises, hotels, etc., advising on the correct hygienic storage and the preparation of food, and the prevention of food poisoning.

3. Articles are also submitted from time to time to the Local Press, and interviews are given to reporters. Recent articles have appeared on the immunisation against Poliomyelitis and on the method of refuse disposal and control tipping in operation in Harrogate.

4. Circulars and circular letters are issued from time to time to parents of children, giving information on such matters as the prevention of accidents in the home, the advantage of B.C.G. injections, and information about immunisation against Poliomyelitis.

5. The work of the health visitor can be closely related to Health Education both when she is working with groups and when talking and listening to individuals, and also when she is collecting information and figures which may form the basis of Health Education by other workers. As far as group education is concerned, the mothercraft classes for expectant mothers have continued to be attended to full capacity. Arrangements were made at the end of the year for a midwife to start another class in Knaresborough with a health visitor to give some of the associated talks. The health visitors who undertake these classes borrowed a gramophone at the beginning of the year and bought a record 'Natural Childbirth'. This was played to some fifteen groups who were enthusiastic in their appreciation, the last group requesting an evening session for their husbands. One of the midwives also attends one session with each group and demonstrates the use of the gas/air machine and joins in the discussion on the record. Most of the requests to join the classes come from friends of previous attenders or are recommended by general practitioners; in the case of the former the practitioner's permission is always obtained. Mothercraft classes for senior girls are now part of the curriculum of two secondary modern schools. For these the health visitors concerned have made such visual aids as a miniature 'safety house', flannelgraph figures, and imitation diets. Informal talks are also given in the rural schools, chiefly on subjects connected with personal hygiene. One health visitor presented a film and film strips and lectured to the girls of Knaresborough Grammar School on the Work of the Public Health Nurse. This was in connection with careers information, but it led to a greater appreciation of local authority services by staff and pupils.

Informal talks are given to small groups whenever possible at the Child Welfare sessions, usually based on a poster or other demonstration material. Similar talks are given weekly at one of the two ante natal clinics.

Several lectures were given during the year to voluntary organisations on different aspects of child welfare and on the different ways in which health visitors can help the public; sometimes film strips were also shown. A talk and discussion on the home help service was very well received by a large group of women and cleared up many misconceptions about this service.

An effort is made to have a display of posters of topical interest on view at the various centres; these are either supplied by the C.C.H.E. or made by the health visitors."

Dr. Penman, Divisional Medical Officer, Doncaster (No. 28) Division, writes:—

"1. Health Visitor Activities:
(a) At Askern, Kirk Sandall and Sprotborough talks were given to mothers attending ante-natal clinics.
(b) At Askern and Edlington visits were paid to Senior Girls' Schools to give talks on hygiene, etc.
(c) One Health Visitor holds small discussion groups in her Infant Welfare Centre.

2. Posters and Pamphlets.
Use is made of selected posters on all aspects of health education, i.e. clean food, home safety, immunisation and vaccination, etc., but unfortunately there is very little opportunity for scope in the Church Halls we use as clinic premises. The notice boards at Council Offices and General Practitioners' surgeries are provided with suitable posters. Selected pamphlets and Home Safety Booklets were distributed by Health Visitors and supplies of leaflets on influenza were forwarded direct to General Practitioners.

The monthly magazine 'Better Health' is provided for the Child Welfare Centres. Supplies of feeding charts and certain advertising matter of educational value are distributed through the Child Welfare Centres. Leaflets of advice (written by the Divisional Medical Officer) to contacts of cases of poliomyelitis, dysentery and food poisoning are distributed through the Public Health Officers when the investigation on each case is carried out.

3. Mass Radiography.
Co-operation was given to the Regional Hospital Board in advertising the visits of the Mass Radiography Unit by articles sent to the Press, posters to family doctors and through the medium of Health Visitors and other staff. Arrangements are made when the Unit visits Doncaster for a month to have the whole of the staff in the County Council Divisional Offices and the offices of the Rural District Council X-rayed.

4. Films.
Health Visitors were given the opportunity to attend films held at the Technical College, Doncaster, on atmospheric pollution and food hygiene.

5. Vaccination and Immunisation.
Smallpox. Health Visitors distribute to each parent the leaflet on smallpox and consent form and endeavour to obtain a firm answer on the first or second visit.

Whooping Cough. Quite a good response has always been forthcoming and our attentions are mainly directed towards early immunisation, the Health Visitor discussing this with parents within the first few weeks of attending.

Diphtheria. A reply-paid consent card is sent to the parents of every child at six months of age (this is in process of being amended to four months in view of the Diphtheria/Whooping Cough Antigen being available), and produces approximately 25 per cent. response. A 'boost' is given to the programme by advertising in the Local Press using the Ministry 'blocks' during February and March for two weeks and the Ministry of Health and County Borough of Doncaster also run a 2–3 weeks series. Booster doses are offered to all school entrants and with the co-operation of the teachers this encourages additional 'primary' consents.

Poliomyelitis. Little effort has been necessary to create interest in this during 1957. In response to our request at the year end one of the weekly newspapers carried a front page item which produced a considerable number of consents and not a few enquiries from parents whose children were already on the waiting list.

B.C.G. Health Visitors encouraged the B.C.G. vaccination and segregation of children born in tubercular families.

6. Press.
The Editors of the two main Doncaster weekly newspapers have co-operated whole-heartedly in presenting items of news in the most satisfactory manner from a health education point of view."

With home accidents again being responsible for much unnecessary suffering and loss of life renewed efforts have been made to draw attention to the hazards and ready advice has been given on preventive measures. The production of handbooks on home safety on a Divisional basis has continued, nearly 21,000 copies being distributed during the year. Handbooks for certain Divisions are in various stages of production and it is anticipated that increasing numbers of handbooks will become available early in 1958.

On the 27th June, 1957, coincident with the issuing of Ministry of Health Circular 7/57 and Ministry of Education Administrative Memorandum No. 555, the Minister of Health made a statement in the House of Commons on tobacco smoking and cancer of the lung based on the report of the Medical Research Council. The Medical Research Council expressed the opinion that the most reasonable interpretation of the very great increase in deaths from lung cancer in males during the past 25 years is that a major part of it is caused by smoking tobacco, particularly heavy cigarette smoking. This opinion was commended to the County Council who decided that the risks involved should be brought effectively to the notice of the public and, the risks having been made known, it should be left to the people to make their own decision. With this in mind the County Council authorised expenditure of £250 per annum for propaganda material to support the Divisional Medical Officers and their staffs in carrying out sustained campaigns within their Divisions.

With regard to bringing the dangers of smoking to the notice of school children, the co-operation of the Chief Education Officer was sought and a discussion was held between representatives from both Departments. Consideration was given to the best means of informing the school children of the risks involved and at a further discussion certain head teachers of secondary and grammar schools were invited. Agreement was reached on three main points as follows.—

1. It was accepted that health education was a matter for the medical officer rather than the head teacher and Divisional Medical Officers should, at their own discretion and after consultation with the head teachers, arrange for talks to be given to children in the 13-14 years age group.

2. That a propaganda leaflet referring to smoking and health be included with the Notification to Parents relating to the first medical inspection in secondary schools.

3. That a "follow-up" leaflet be included with the child's final school report for secondary modern schools and at the age of 15 years for grammar school children.

Other points of agreement were that an attempt be made to discourage students in Teachers Training Colleges from smoking and that the attention of the Police Authorities be drawn to the ease with which children can obtain cigarettes from some shops and from cigarette machines.

Tuberculosis

In a period which has been marked by the dramatic reduction in mortality from tuberculosis, followed by a most encouraging reduction in the incidence of the disease, the work which has been undertaken in the administrative area of the County for the prevention of tuberculosis and for the care and after-care of those affected by the disease has been fully discussed in recent reports. It has consisted of adherence to well-tried methods, adapted as necessary to take advantage of modern development in knowledge. Case-finding by skin-testing, mass radiography, clinical examination and bacteriological examination is followed by intensive contact tracing and by any necessary treatment, either at home or at hospital. Financial and other needs of the patient or his family, whilst under treatment, are relieved by special monetary grants, by the provision of extra nourishment, and by help from Care Committees, from the West Riding Distress Fund or from other voluntary sources; housing conditions are reviewed with a view to any desired improvement and help is given with the problem of future employment where the patient is advised not to return to his former occupation. Meanwhile, the infant contacts, wherever possible, are vaccinated and the same B.C.G. vaccination is made available to 13-year-old school children, so that they may have the maximum possible protection against the disease before entering into the less sheltered atmosphere of future employment. The Divisional Medical Officers are actively associated in this work, in which they have the close co-operation of the Chest Physicians. General features may be shown in representative extracts from the reports of the Divisional Medical Officers.

Dr. Caithness, Divisional Medical Officer, Batley (No. 15) Division, writes:—

"A case of active pulmonary tuberculosis was notified in March in a 17-year old girl attending the local grammar school, and the Chest Physician advised examination of contacts. It was decided that an X-ray examination of the whole school was not justified and a list of contacts was drawn up in relation to the activities of the patient in consultation with the headmistress. The contacts were:—(a) pupils in the upper and lower sixth forms; (b) members of the school hockey teams; (c) pupils sitting at the same table for dinner, and (d) a small number of pupils who travelled to and from the school with the girl. Ten members of the staff were submitted for X-ray examination and all were negative. Ninety-seven pupils (contacts as above) were submitted for mantoux testing, of which 29 were positive. All 97 were X-rayed. One 17-year old girl contact was found to have signs of the disease and was subsequently admitted to hospital for treatment. This patient had a strong family history of tuberculosis and had previously been under observation at the Chest Clinic. Four months later, all the above pupils and staff were X-rayed a second time and all cases were declared satisfactory by the Chest Physician. Before the mantoux test and X-ray examinations, a letter was sent out to the parents of every pupil including a form for signed consent; no parents refused either procedure. On conclusion of the survey, the result of the mantoux test and X-ray examination was reported in every case to the family doctor.

In another case notified to the Department by the Chest Physician, it was found that the patient worked in a small motor engineering concern in circumstances that made it desirable for the examination of contacts at work. The firm was approached and the employees were invited to attend for X-ray examination. Eight employees attended, none refused and X-ray reports in all cases were satisfactory."

Dr. Douglas, Divisional Medical Officer, Spenborough (No. 17) Division, writes:—

"A further aspect of preventive work is the Tuberculin Jelly testing of schoolchildren—entrants and eight-year olds. During 1957, the parents of 601 entrants were approached, and of these, 557 consented to this procedure being carried out; similarly, 517 eight-year olds, of whom 458 were tested. Positive results were recorded in the case of 22 entrants and 38 eight-year olds. (Heaf testing of these cases resulted in 11 positives among entrants and 17 positives among eight-year olds.) These cases, with all the family contacts, were followed up by the Tuberculosis Nurse and investigations and chest X-rays arranged. No new case of tuberculosis came to light as a result of these investigations, but in many of the cases a family history of tuberculosis was revealed. A number of the cases are still under periodic review by the Consultant Chest Physician."

Dr. Ward, Divisional Medical Officer, Colne Valley (No. 20) Division, writes:—

"In June, 1957, notification was received that, as a result of a routine radiological examination by the Mass Radiography Unit, a teacher at a County School was found to be suffering from pulmonary tuberculosis. After consultation with the Chest Physician, the possibility of infection was explained by letter to the parents of the children who were likely to have been contacts and, with the co-operation of the Medical Director of the Mass Radiography Unit, radiological examinations and mantoux testing were offered for the children. Practically all the parents accepted the offer. The staff at the school had had the opportunity of attending a Survey in June, but arrangements were made for 10 members of the staff who had not attended that Survey to attend for X-ray examination. None of the miniature films of the children or staff showed anything suspicious except in the case of one kitchen maid who was recalled for a large film. This showed no radiological evidence of chest disease. Amongst the 28 children mantoux tested, 17 were negative and 11 were positive. The parents of these children were interviewed by a School Medical Officer and the significance of the testing was explained to them.

As in the previous case, notification was received in November, 1957, that as a result of a routine radiological examination by the Mass Radiography Unit, the Head Teacher of a 'through' Church School was found to be suffering from pulmonary tuberculosis. Again, the possibility of infection was explained by letter to the parents of all the children in the school. Mantoux testing was offered for all the children and radiological examination was offered for all children over 11 years of age and for all children under 11 years of age who showed a positive reaction to the mantoux test. Amongst the 218 children mantoux tested, 172 were negative and 46 were positive. Arrangements were made for the radiological examination to be carried out at the school, but this could not be arranged before the end of January, 1958."

Dr. Reid, Divisional Medical Officer, Mexborough (No. 30) Division, writes:—

"The main problem with most treated cases is to find light or medium work in hygienic conditions to minimise the chances of relapse. This is not always easy in an area where the main industry is coal mining and many of the male patients are miners. There are a few cases who fail to become sputum negative after prolonged treatment. At present there are 20 such cases on the register. None of these is in employment at present as far as is known. The 20 cases include 6 with very advanced disease and 3 who have been unable or unwilling to continue adequate treatment. There are also 11 cases with pneumoconiosis with massive fibrotic shadows whose sputum is persistently positive. Miners who have massive fibrosis of pneumoconiosis with tuberculosis are not able to share in the benefit that other T.B. cases receive from modern therapy. They should have special consideration from the social aspect. From the public health aspect such cases are likely to remain chronic sources of infection—sometimes with bacilli which have become drug resistant. It may be desirable to re-house such cases in 2-bedroomed bungalow colonies so as to house the majority of chronic infectious cases in a single neighbourhood."

Dr. Watt, Divisional Medical Officer, Rotherham (No. 31) Division, writes,—

"Two cases from the district illustrate the working of the County Council's scheme for the home care of tuberculous patients:—

A young married woman with two children developed pulmonary tuberculosis and required prolonged treatment in bed at home. The Home Nurse visited on alternate days to give streptomycin injections and the County ambulance conveyed the patient once each week to the Chest Clinic for surgical treatment. Family contacts were given appointments at the Chest Clinic for X-rays and tuberculin tests. One child was admitted to the sanatorium, after examination, and the other was given B.C.G. vaccination. When the housing circumstances of the family had been considered by a joint meeting of the Chest Physician, Divisional Medical Officer, Public Health Inspector, Tuberculosis Visitor and Housing Manager, the local Council was asked to give the family a new Council house and did so. Throughout the mother's illness, a Home Help attended daily to clean the house, light fires, prepare meals, make beds and attend to the family shopping. Two pints of milk were supplied to the patient each day under the County Council scheme; she was kept supplied with sputum cartons and, in convalescence, was given a marquetry set to occupy her time. All this attention was given to good purpose because, at the end of the year, the patient was well on the way to recovery."

"The second case was that of a young married man who had suffered several years of incapacity from tuberculosis. When he had completed sanatorium treatment and had been re-housed, he was found employment as a car park attendant by the Rotherham Tuberculosis Care Committee. This Committee receives an annual grant from the County Council and provides light work, under healthy conditions, for patients who have been ill for long periods. Patients seem to find little difficulty in progressing to better-paid jobs from these car parks and they provide a most useful scheme of rehabilitation."

B.C.G. Vaccination.—(a) CONTACTS.—During the year, a further 1,057 contacts were vaccinated, 12 of them being unsuccessful. Full details are shown in the following table:—

	AGE GROUPS												All Ages
	Under 1 year Months				Years								
	0–	1–	3–	6–	1–	2–	3–	4–	5–	10–	15–	20–	
Vaccinated:													
Male	87	46	49	58	43	37	30	26	87	63	19	3	548
Female	57	48	41	38	45	27	23	19	91	61	34	25	509
TOTAL	144	94	90	96	88	64	53	45	178	124	53	28	1,057
Result of Vaccination: Successful:													
Male	79	40	47	49	35	35	28	22	80	58	17	3	493
Female	47	45	40	33	38	24	22	15	82	54	30	24	454
TOTAL	126	85	87	82	73	59	50	37	162	112	47	27	947
Unsuccessful ..	—	2	1	1	1	2	—	1	1	2	1	—	12
Not finally ascertained	18	7	2	13	14	3	3	7	15	10	5	1	98

(b) SCHOOL CHILDREN.—6,863 thirteen-year old school children were vaccinated under the County Scheme and a further 20 children, who are normally resident in the West Riding, were vaccinated outside the area. Dr. Payne, Divisional Medical Officer, Harrogate (No. 8) Division, reported as follows regarding the vaccination of one child in his area:—

> "A girl had a mantoux test of 10 I.U., before vaccination with B.C.G. This provoked an extensive reaction; erythema extended 80 m.m., induration 30 m.m., and on the site of the injection vesiculation and early necrosis. A chest X-ray was arranged through the Chest Clinic, the result being normal."

One child in the Golcar (No. 20) Division, who was found in April, 1955, to be mantoux positive, was notified in July, 1957, as a case of pulmonary tuberculosis.

Tuberculin tests on 4,871 children who were vaccinated in 1956, reveal that 435 or 8·9 per cent. had reverted to mantoux negative.

A summary of the work undertaken in 24 divisions during the year is given below; the remaining 2 divisions (No. 28 Doncaster and No. 30 Mexborough) have not yet commenced vaccinations.

ACCEPTANCES.

No. of 13-year old children offered tuberculin testing and vaccination if necessary	16,861
No. found to have been vaccinated previously	32
No. of acceptances	10,306
Percentage of acceptances	61·2

PRE-VACCINATION TUBERCULIN TEST.

No. of children tested			9,864
Result of test:			
Positive	2,774		
Negative	6,929		
Not ascertained	161	Total	9,864
Percentage positive			28·6

VACCINATION.

No. vaccinated	6,863

TUBERCULIN TEST TWELVE MONTHS AFTER VACCINATION.

No. tuberculin tested after 12 months			4,871
Result of test:			
Positive	4,353		
Negative	435		
Not ascertained	83	Total	4,871

Mass Radiography.—Fifty-seven thousand, nine hundred and fifty-one persons from the administrative county were examined by the mass radiography service, 39,105 by units of the Leeds Regional Hospital Board and 18,846 by units of the Sheffield Regional Hospital Board. It will be seen from the tables below that 116 (0·2 per cent. of the total examined) cases of active tuberculosis, and 402 (0·69 per cent.) cases of inactive tuberculosis were discovered: there were also 1,096 (1·89 per cent.) non-tuberculous abnormalities found, 462 (42·16 per cent. of the total non-tuberculous abnormalities) of which were cases of pneumoconiosis. When separated into the two hospital regions, the percentage of cases of pneumoconiosis was 51·25 in the Sheffield Region and 29·48 in the Leeds Region.

A.—Leeds Units

Survey undertaken at		No. Examined	Abnormalities Discovered			
			Tuberculosis		* Other	Total
			Active	Inactive		
Addingham		311	—	3	3	6
Barnoldswick		1,043	1	9	12	22
Earby		674	2	7	4	13
Gisburn		206	—	1	5	6
Glusburn		237	—	—	1	1
Grassington		207	2	4	12	18
Sedbergh		478	1	3	1	5
Settle		175	—	4	5	9
Alice Street Chapel, Keighley		1,174	8	8	12	28
T. Hird & Sons Ltd., Keighley		331	—	4	—	4
Robert Clough (Keighley) Ltd., Keighley		976	3	9	11	23
Baker Street Infant School, Shipley		2,036	7	14	27	48
Princess Baths, Bingley		1,308	2	12	10	24
Malt Shovel, Baildon		717	2	2	6	10
C. F. Taylor Ltd., Baildon		500	1	9	5	15
Mechanics' Institute, Denholme		553	1	9	6	16
Mental Hospital, Menston		2,200	16	41	21	78
Manor Hall, Pudsey		1,632	1	10	21	32
Ripon		1,211	1	3	4	8
St. Mark's Parochial Hall, Harrogate		3,089	2	8	9	19
Local Government Officers	Div. No. 10	314	1	—	1	2
Hospital Management Committee Staff	Div. No. 10	72	—	—	1	1
Civil Servants and Nationalised Industries	Div. No. 10	185	—	1	1	2
Messrs. Fisons Ltd.	Div. No. 10	150	—	—	2	2
National Dock Labour Board	Div. No. 10	190	—	—	3	3
British Transport Commission	Div. No. 10	414	—	—	—	—
Messrs. Montague Burton	Div. No. 10	528	—	—	3	3
Goole Shipbuilding & Engineering Co.	Div. No. 10	294	—	3	1	4
Sundry Firms	Div. No. 10	390	—	—	4	4
Public Sessions	Div. No. 10	434	1	2	2	5
Carleton Community Centre, near Pontefract		748	1	4	13	18
Croft House, Ossett		1,484	1	4	6	11
Central Clinic, Morley		2,325	4	7	14	25
Water Haigh Colliery, Woodlesford		540	—	5	25	30
Fanny Colliery, Rothwell		448	—	1	18	19
Newmarket Colliery, Methley		553	—	2	30	32
Lofthouse Colliery, Outwood		551	1	6	21	28
Central Clinic, Rothwell		471	—	7	4	11
Mirfield		811	1	10	13	24
Elland		1,104	2	9	17	28
S. Wilkinson & Sons Ltd., Elland		202	—	1	1	2
Stansfield View Hospital, Todmorden		168	1	1	—	2
Mechanics' Institute, Uppermill		1,584	3	15	16	34
Robert Fletcher & Son Ltd., Greenfield		332	1	4	1	6
Civic Hall, Slaithwaite		1,437	3	9	11	23
C.E. School, Golcar		264	2	5	4	11
Old Council Offices, Greave House, Lepton		753	1	6	11	18
Storthes Hall Hospital, Kirkburton		2,571	11	34	26	71
Hemsworth Colliery		730	—	4	34	38
Total		39,105	84	300	458	842

B.—Sheffield Units

Survey undertaken at	No. Examined	Abnormalities Discovered			
		Tuberculosis		* Other	Total
		Active	Inactive		
Wesley Hall, Cudworth	2,192	2	8	59	69
Wath Main Colliery	860	1	8	55	64
Manvers Main Colliery	1,895	4	13	60	77
Dunford House, Wath upon Dearne	1,569	3	4	34	41
Hill Top School, Edlington / Yorkshire Main Colliery, Edlington	2,206	2	16	126	144
John Fowler Ltd., Sprotborough	354	1	4	5	10
Conisbrough	1,642	2	6	49	57
Denaby Main	1,419	5	7	55	67
Goldthorpe	1,483	2	8	38	48
Thurnscoe	1,415	3	10	68	81
Mexborough	2,216	6	10	38	54
Barnburgh Main Colliery	1,113	1	8	36	45
Church Hall, Swallownest	482	—	—	15	15
Total	18,846	32	102	638	772
Total for the County Area	57,951	116	402	1,096	1,614

*Details of the 1,096 'Other' abnormalities are as follows:—

	Leeds Area.	Sheffield Area.
1. Abnormalities of the bony thorax and soft tissues—congenital	14	45
2. Abnormalities of the bony thorax and soft tissues—acquired	15	12
3. Tumours of the bony thorax: primary and secondary	1	1
4. Congenital malformation of the lungs	6	—
5. Bacterial and virus infection of the lungs	21	16
6. Other infections of the lungs	12	5
7. Bronchiectasis	53	26
8. Honeycomb lung	—	—
9. Emphysema	14	17
10. Pulmonary fibrosis—non-tuberculous	42	50
11. Pneumoconiosis	135	327
12. Spontaneous pneumothorax	—	2
13. Benign tumours of the lungs and mediastinum	18	7
14. Carcinoma of the lung and mediastinum	7	8
15. Metastases in the lung and mediastinum	—	—
16. Enlarged mediastinal and bronchial glands—non-tuberculous	—	—
17. Sarcoidosis and collagenous diseases	2	1
18. Pleural thickening or calcification—non-tuberculous	25	24
19. Abnormalities of the diaphragm and oesophagus—congenital and acquired	9	11
20. Congenital abnormalities of heart and vessels	14	2
21. Acquired abnormalities of heart and vessels	43	76
22. Miscellaneous	6	8
23. Enquiries not completed	21	—
	458	638

Care and After-Care.—The ancillary services provided by the County Council are briefly summarised as follows:—

Extra nourishment, consisting of up to 2 pints of milk daily, continues to be available for domiciliary patients suffering from active tuberculosis: a total of 2,017 patients were granted free milk during the year and 1,265 persons were still on the registers on 31st December.

Domiciliary open-air shelters, beds, mattresses and bedding are provided to facilitate the segregation of the tuberculous patient who resides at home but, due to better housing conditions, there is now little demand for the foremost.

Grants from the West Riding Distress Fund were made in twelve cases, one being for clothing, another for a daily supply of milk for a patient suffering from inactive tuberculosis, and the remainder for travelling expenses to enable relatives to visit tuberculous patients undergoing hospital treatment.

Seven patients whose condition did not permit of their return to normal competitive employment were admitted to the training settlements at Papworth (5), Sherwood (1) and Preston Hall (1). There was only one discharge, and at the end of the year, there were 17 in residence—at Papworth (9) and at Sherwood (8). In accordance with the recommendation of the County Council's Association, contributions will now be made for at least a three-year period after colonisation in respect of all West Riding patients admitted to the former settlement.

Care Committees.—No report of care and after-care activities would be complete without reference to the devoted voluntary work of the several Tuberculosis After-Care Committees. Their work is actively encouraged by the County Council who provide grants-in-aid to supplement the financial resources of the Committees. There are now ten such Committees operating, three serving areas including County Boroughs and County Districts, and seven wholly in the County Area, providing services for approximately half the County population in sixteen of the twenty-six divisions. They vary in size from Normanton, serving the urban district alone, with a population not exceeding 19,000, to Doncaster, with the County Borough and ten County Districts in five divisions, giving a total population of 306,000, and Leeds, with the County Borough and five County Districts in three divisions, giving a total population of 611,000. They vary also in constitution, although all have provision for including on their Committees representative members of the County Council and of the divisional and hospital medical staffs. They are united in the common purpose of seeking to alleviate the distress caused by tuberculosis. An annual review affords the opportunity to examine their activities in detail and reveals the ingenuity of the Committees in seeking to satisfy the individual needs of patients and their families which are outside the scope of statutory provision. It also showed that the Local Authority grants represented

less than one quarter of the revenue raised by the Committee to finance their work, the remainder being contributed from a miscellany of voluntary sources. The County Council approved of grants-in-aid, for the financial year 1957-8, totalling £1,125 to be distributed amongst the Committees according to their respective populations and degree of activity. Although primarily concerned with tuberculosis, it will be recalled that Care Committees are now encouraged to extend their activities to include diseases of the chest and heart. This change has been welcomed and its effect is best illustrated in the following extracts from the reports of Divisional Medical Officers:—

Dr. Paterson, Divisional Medical Officer, Castleford (No. 11) Division, writes:—

"During the year there has been a considerable increase in the volume of work carried out by the local After-Care Committees and there can be no doubt that this is due in no small measure to the recent spread of emphasis on the subject. So long as it was declared policy of voluntary organisations that only sufferers from tuberculosis could be considered, the interest displayed by the general public tended to be somewhat limited, but now that it has been extended to include, in addition, advanced lung and heart complaints, the interest in the work of this organisation is steadily mounting. In an industrial area such as ours, terms like pneumoconiosis, emphysema, asthma, bronchitis, etc., and heart disease have a very definite meaning, whilst still more recently national and local propaganda have been spotlighting the whole subject of lung cancer. Press propaganda has loudly proclaimed the fact that pulmonary tuberculosis as a disease is on the wane and this, with reservations, can be accepted as a statement of fact. We must not, however, allow ourselves to be deluded by the idea that there are no persons suffering from this disease in need of help—such is indeed far from being the case. In addition, the inclusion of all advanced chest cases has increased the scope of our work, so much so that our opportunities in rendering this service to the community are as great as ever.

A knitting machine was purchased for the use of chest cases and although some doubt was originally expressed as to the wisdom of obtaining such an instrument, it has proved such a popular service that there is a growing clamour for another machine. When it was first issued, instructions were given to users by the Handicraft Teacher and, in this way, little difficulty was experienced in operation. It has now been used by ten persons and experience so far gained would seem to indicate that a period of five weeks per family twice per year is the optimum time required. The Committee has also purchased six wireless receivers, mainly for distribution in the new Council housing estate, and there is an arrangement for the installation of wired wireless in districts where this can be done. Agreement has been reached as regards the installation and maintenance on the part of the firm who sponsor this form of radio reception. From what has been said, it will be seen that, in addition to its normal functions, this Committee is doing all in its power to relieve need and to minimise boredom—the greatest enemies attendant upon long-standing infections such as chest diseases."

Dr. Appleton, Divisional Medical Officer, Brighouse (No. 18) Division, writes:—

"The Divisional Care Committee, which was formed in 1953, continues to do useful work, widened to include patients suffering from other respiratory diseases and chronic heart diseases. The primary object of the Committee was to help cases of tuberculosis. The support for this Committee continued to be very good, and it was possible to include this wider scope without diminishing in any way our help to the tuberculous. As experience has grown, it has been possible to help many people without much expenditure. In many cases, the National Assistance Board have been able to help when the patient has previously omitted to approach them. Forty-five patients were helped during the year, of whom forty were tuberculous patients and five non-tuberculous. It was felt very helpful indeed that the Committee's scope had been widened in this way, as cases of cancer of lung, who may have had a provisional diagnosis of tuberculosis, often do not have this diagnosis corrected in order that they may not know that death is inevitable, and we were able to help these patients under the scheme without disclosing to them that they were not tuberculous.

A great variety of items were provided, including bed linen, blankets, pyjamas, shirts, raincoats and shoes. In three cases, where the patients had been ill for a long time and slept in rooms which badly needed decorating, the Committee were able to provide paper and paint and to arrange for the decoration through the good offices of kindly people. In another case, a solicitor's fee, which was an outstanding debt and a source of great worry to the patient, was paid. An outing was arranged to Blackpool for people who otherwise would have had no opportunity of getting away to the seaside, and, indeed, had not had such an opportunity for many years. This outing included the children of the families as well as the patients. It is perhaps, not generally realised what a great strain tuberculosis is, with its still long period of invalidism and diminished income, and how much it helps the wives and children of the tuberculous husbands to get away without fear of expense. Altogether, eighty-two people attended, of whom twenty-eight were children. Fifty food parcels were sent out during the year to ten patients. These were sent out at monthly intervals during a period of particular difficulty. In some cases only one or two food parcels were sent. In others, they were sent regularly throughout the year. Forty Christmas parcels were sent out, and at Christmas-time several members of the Committee 'adopted' the most needy families, giving them very practical help in providing toys for the children and clothing, etc. The Library Committee of the Brighouse Corporation have again given us a supply of books which are usually retained after perusal. When returned by non-active patients, they are re-issued to active cases."

Liaison with the Hospital Service

"Liaison" is the key word used to indicate the way to relationship between the several parts of the hospital and public health services. In the West Riding, because of its size and variety of circumstances, it must work in many different ways. Progress has been made in the care of geriatrics, diabetics, premature babies and post-operative cases, and—from small beginnings—we have now large areas in which there has been established a well-developed liaison between the hospital and local health authority, largely as represented by the field staff. A great deal more is being done in the care of post-operative and other cases which have been discharged from hospital early and need treatment on returning home. Liaison which gives the earliest possible notification of impending discharge and full information of the treatment received and continuing to be necessary is of material benefit to the homecoming patient; it promotes a more cordial relationship between hospital and field staffs. Ideally, there should be periodic conferences between hospital and field staffs where mutual problems would be discussed.

Geriatrics.—The care of geriatric patients and the assessment as to whether they should be admitted to hospital or kept at home is, in many instances, decided by the health visitor in conjunction with the geriatrician. In other areas, it may be decided by the general practitioner and home nurse, and again by a visit to the home by the geriatrician; in this way, every care is taken to ensure that priority of admission goes to those patients who are in the most urgent need of hospital care and attention.

Diabetics.—Perhaps one of the most noticed growths is in the after-care of diabetics, and the following is an extract from the report of Dr. Ward, Divisional Medical Officer, Colne Valley (No. 20) Division:—

"The outstanding feature of the year has been the development of liaison with the consultant in charge of the diabetic clinic at the Huddersfield Royal Infirmary. This scheme, whereby a health visitor attends the clinic each week and then makes follow-up visits at home, where this is considered desirable by the consultant, has now been in operation just over a year. As will have been noted from the report on the working of the scheme, kindly supplied by the consultant concerned—Dr. J. Walker Hirst—and already forwarded to the County Medical Officer, the scheme, in the opinion of Dr. Hirst, has amply proved its worth. Expressions of gratitude for the help received from the visits are also heard from time to time from patients. There is no doubt that the success of the scheme has been due to the co-operation and team spirit which has developed between the consultant, the records officer and the health visitor concerned. When the scheme was inaugurated, it was thought that it could be covered by half a day each week at the clinic, and another half day for home visiting. The number of visits requested by the consultant has now risen to such an extent that one and a half, or even two, days are now required to cover them, so that with half a day spent at the clinic, the scheme now takes approximately half of a health visitor's time. With the general shortage of health visitors, it is becoming increasingly difficult to allow so much time for this work, but it would be most unfortunate if the expansion of this very successful venture is to be curtailed owing to lack of staff."

After Division No. 20, there is the report of Dr. Paterson, Divisional Medical Officer, Castleford (No. 11) Division, on a service which, although in its infancy, is already growing in confidence and size:—

"The number on the register for visiting stands at present at one hundred and fifty and, whilst most of these cases come via the local diabetic consultant at Castleford, a very much smaller number has been garnered from the Wakefield and Leeds Clinics. About half of these are on insulin and whilst the majority give the injections themselves or have them given by a relative, there still remain a number who, for one reason or another, have to rely on the services of the Home Nurse. Many of the patients, because of poor eyesight, etc., have difficulty in seeing the markings on the syringe and weighing machines. Home visiting by a Health Visitor is becoming much appreciated by the majority of patients in that they are able to discuss problems in relation to diets, urine testing, insulin injections, etc., in a more leisurely manner than is usually possible at the clinic or surgery. The cost of a selective diet is, in some cases, defrayed by a grant from the National Assistance Board.

The frequency of visits varies with circumstances; thus, patients who have difficulty in understanding the diet are visited fairly frequently at first and then the number of visits becomes progressively reduced. Old people living alone need fairly frequent visits and can often be advised of the services which the National Assistance Board can provide as well as ways and means of varying the diet.

Diabetics are brought to our notice as the result of the operation of the Diabetic Clinics, through District Nurses, General Practitioners and Health Visitors, and, on occasion, by friends and neighbours of the patient.

Although this is the youngest of the services, it is obvious in the case of the diabetic that there is virgin ground for the field-worker and the problems of the diabetics are, in many ways, peculiar. As such, they demand an original approach. The idea that a Diabetic Health Visitor's duty is to see that the instructions of the consultant or private practitioner are observed tells only half the story and reveals a most restricted outlook. To be able to tackle the duty confidently she must be in a position to establish a relationship with the various statutory bodies such as National Assistance and Welfare on the one hand and voluntary organisations on the other. Thus, National Assistance can provide additional help but in some instances difficulty is being encountered in assessing the yardstick by means of which such assistance should be given, and it is here that the Diabetic Health Visitor and the service she represents can be of very valuable assistance. Again, she can disseminate more readily accumulated knowledge so gained concerning the good work done by a voluntary association which endeavours to give the diabetic a better insight into his condition, why it is so necessary to adhere so strictly to his diet, and provides a panel of speakers on this and allied subjects."

Another service, on similar lines, has commenced in liaison with Dr. Glick, Consultant Physician at the Royal Halifax Infirmary, and Dr. Gordon, Divisional Medical Officer, Todmorden (No. 19) Division, sends the following report—

"An agreement was reached whereby selected home nurses from each division would attend the out-patient department and be available to advise on the administration of insulin and especially on problems connected with diets, and it was the intention that these nurses should visit and supervise at home when it appeared that the patient did not fully understand the instructions which had been given.

In the last few months of the year, one home nurse from this division has been attending, at first weekly but now alternating with two nurses from Halifax County Borough, so that she attends at three-weekly intervals, but she supervises all difficult cases in this area. To date she has dealt with six cases at home and all have been elderly or confused, and not accompanied by responsible relatives."

Maternity.—Visits to maternity hospitals by health visitors are a feature in most divisions and it is interesting to note that although this service had a lukewarm reception when first introduced, there is now an appreciation of its value as instanced by Dr. Paterson, Divisional Medical Officer, Castleford (No. 11) Division, who writes as follows:—

"During the past year, the Maternity Home was visited at least twice per week by the Health Visitor carrying out liaison work, and, during these visits, details were given of all admissions, transfers and discharges which included live births, stillbirths and premature babies. A complete history was available of each case through pregnancy, during labour and the lying-in period and any treatment being given, as well as information concerning the newly-born baby from its arrival to the date of its discharge. All this is useful data for the district health visitor and is passed on immediately on the discharge of the mother and baby by the Maternity Home Liaison Health Visitor. Information is quite frequently given and passed on concerning a number of babies who have been seen by the Paediatrician and, if necessary, have been treated. In many cases, the liaison health visitor has been able to give Matron information concerning the home conditions, adverse or otherwise, and in some cases where the parents are estranged. Requests from Matron were also complied with where the mother-to-be has failed to attend the antenatal clinic due in some cases to her having left the district or had a miscarriage without informing Matron, thereby blocking another booking. Some of these investigations have taken up a deal of valuable time and, in one particular case, four visits were necessary to persuade the mother to attend the antenatal clinic. An interesting case which is the very essence of liaison work is that of a mother who had a second child in the Maternity Home and the health visitor was able to give a history of the first confinement, which was domiciliary, when the mother was taken as a case of puerperal insanity to hospital for a period of six weeks. At the end of the first week in the Maternity Home, she appeared to be rather strange but, in view of her known previous history and behaviour, the necessary precautions were promptly taken. Some mothers, on discharge, go to a temporary address (probably that of a relative) and these cases are notified to the health visitor of that area, thus saving time.

Appreciation of the work done by this health visitor has been manifested both by Matron at the Maternity Home and the health visiting staff on the district."

Premature Babies.—The co-operation between hospitals and field service still grows; more premature units have been set up and more visits are paid to the units by individual health visitors, except at Leeds where there is still one health visitor assigned to this work.

Recuperative Home Treatment

Four hundred and thirty-two applications for recuperative home treatment were received during the year as compared with 457 in the previous year. Ninety-one cancellations represented 21 per cent. of the applications, and of the remainder, 334—85 men, 248 women (42 with children) and one child—were admitted to one or other of the undermentioned homes. Seven were on the waiting list at the end of the year.

Binswood Short Stay Rest Home, Didsbury, Manchester; Blackburn and District Convalescent Home, St. Annes-on-Sea; Boarbank Hall, Grange-over-Sands; Brentwood Recuperative Centre, Marple, Cheshire; Claremont Convalescent Home, Matlock; Craig Convalescent Home for Children, Bare, Morecambe; Hunstanton Convalescent Home, Hunstanton, Norfolk; Metcalfe-Smith House, Harrogate; N.A.P.T. 'Spero' Holiday Scheme; N.E.C.F.S. Convalescent Home, Grange-over-Sands; Polio Fellowship Home, Worthing; Semon Convalescents' Home, Ilkley; Shoreston Hall, Seahouses, Northumberland; Silver Jubilee Home, Heysham; Spofforth Hall, Spofforth; Valda Convalescent Home, Bridlington; West Hill Convalescent Home, Southport; Yorkshire Foresters' Convalescent Home, Bridlington.

Provision of Nursing Equipment in the Home

During the year, 14,447 items of nursing equipment were issued to patients being nursed in their own homes, an increase of 1,535 over the 12,912 items issued in 1956. Of the special items of equipment, five new hydraulic hoists, a bath lift and a bath seat were added. The following schedule shows the wide range of equipment which is now made available and which is being increased each year:—

Item	Number on loan	Number available for issue	Total	Number of issues during year
Bath lift	1	—	1	1
Bath seat	1	—	1	1
Bedding: blankets, sheets, pillows and cases—pieces	2,118	125	2,243	2,146
Bed blocks	4	119	123	4
Bed cradles	122	111	233	307
Bed pans: enamel, porcelain, rubber and stainless steel	833	534	1,367	3,441
Bed rests	414	285	699	1,197
Bedsteads: hospital and special and with self-lifting poles	183	15	198	221
Bed tables	1	14	15	4
Blankets, electric	—	1	1	1
Breast pumps	—	7	7	4
Chairs, relaxing	3	2	5	5
Chairs, high rest	3	1	4	4
Chairs, "Amesbury" play	3	—	3	3
Chairs, stairway, carrying	—	2	2	1
Chairs, geriatric	5	1	6	5
Chairs, "Amesbury" school	1	—	1	1
Chairs, "Sanichair"	3	—	3	3
Commodes, chair and other	127	2	129	187
Cushions, air and Latex foam	30	9	39	45
Feeding cups	1	36	37	3
Fracture boards	14	13	27	20
Hot water bottles	26	158	184	108
Hydraulic hoists	6	1	7	6
Inhalers	3	—	3	7
Mattresses: hair, biscuit, air, Latex foam and water	266	32	298	352
Open-air shelters	15	12	27	15
Pressure rings: air and Latex foam	556	691	1,247	1,929
Rubber sheets	868	494	1,362	2,376
Sputum mugs	52	232	284	84
Steam kettles	3	14	17	1
Urinals, male and female	523	684	1,207	1,338
Walking aids: "Amesbury", "Bonaped", crutches, tripod, walking sticks	65	74	139	98
Wheel chairs: bath, folding, junior, self-propelled, spinal, stairway, etc.	236	39	275	529
	6,486	3,708	10,194	14,447

Mental Health

During 1957 Care and After-Care was provided by the Mental Health Social Workers for 523 mentally ill persons, involving 2,489 visits in respect of such persons. These patients had been discharged from Mental Hospitals or the Armed Forces or had been attending at Out-patient Clinics for early preventive treatment. The figures for 1956 showed that 2,598 visits were made in respect of 509 patients. In 20 cases during 1957 Teachers of the Mentally Handicapped visited and gave instruction in occupations suitable to their needs. In a minority of cases care and guidance were provided with the object of avoiding admission to Mental Hospitals with the consequent break of the rhythm of the

lives of the persons concerned, some of whom were able to receive the treatment required at Out-patient Clinics. There were also 258 persons (mostly old people) in respect of whom the Duly Authorised Officers were consulted by the general practitioners or relatives and in whose cases steps were taken to provide the necessary care, some being admitted to Chronic Sick Hospitals as geriatric cases, others to Part III accommodation under the National Assistance Act, others referred for out-patient treatment and some patients were treated at home by the general practitioners after advice by a Consultant Psychiatrist.

Out-patient Clinics.—Six of the Mental Health Social Workers are assisting at Psychiatric Out-patient Clinics, some of which have been provided for West Riding patients only and others, situated in County Boroughs, at which patients from the West Riding and the County Boroughs attend. Dr. M. Jeffrey conducts out-patient diagnostic and therapeutic clinics at the City General Hospital, Sheffield, and whilst most of the patients attending reside in Sheffield, the general practitioners from Parson Cross, Ecclesfield, High Green, Chapeltown, Oughtibridge and Penistone also refer their patients. A large number of West Riding patients are seen by Dr. Jeffrey at the Beckett Hospital, Barnsley, the Royal Infirmary, Doncaster and the Western Hospital, Doncaster, and the patients treated in these four clinics reside within areas of roughly ten miles from the County Boroughs of Sheffield, Barnsley and Doncaster. Dr. D. Fenton-Russell conducts clinics at Castleford and Hemsworth. The Castleford Clinic, formerly run as a Psychiatric Out-patient Clinic was not successful but in March, 1957, it was re-opened, with a West Riding Mental Health Social Worker assisting Dr. Fenton-Russell, as an "Early Nerve" Clinic. The patients seen and treated are those who are referred because they are emotionally disturbed or are suffering from anxiety states and who do not need reference to, or treatment at, a Psychiatric Out-patient Clinic. The number of patients who attended during the period from March to December 1957, was 298, and of these 80 were newly referred cases. The general practitioners are glad to take advantage of this service and patients attend from Castleford Municipal Borough and Normanton and Rothwell Urban and Tadcaster Rural Districts. Four hundred and six patients have attended the Hemsworth Clinic during the year, all being from the County Council's area and 116 being new cases referred during 1957. A West Riding Mental Health Social Worker attended and assisted Dr. Fenton-Russell from April to the end of the year.

Dr. Appleton, Divisional Medical Officer, and Dr. Atkinson, Senior Assistant County Medical Officer, report on the Brighouse Psychiatric Out-patient Clinic as follows.

Dr. Appleton, Divisional Medical Officer, Brighouse (No. 18) Division:—

"The psychiatric clinic which was established in June, 1955, became firmly established in 1956, and the number of new cases reached the peak that year. Included in these cases were a considerable proportion of patients who had advanced mental illness. This was to be expected with a new clinic, but in 1957 cases were sent earlier and it was possible to work more on preventive lines. Already the Consultant Psychiatrist had found that patients with early mental illness preferred attending at a local authority clinic to going to hospital. As the clinic became longer established and with 80 new cases in that year, at the end of 1956 clinic sessions were extending until 10 p.m., and it was decided to arrange evening sessions alternate weeks so that people who were working would be able to attend the clinic during their off-duty hours. This was very much appreciated by the patients. We should have preferred to have had our usual afternoon sessions with an additional evening one but this was impossible to arrange as the Consultant's time was not available and the pressure of cases was very great in other areas.

I am unable this year to give a report from the Consultant Psychiatrist as Dr. Crotty left in October and until the end of the year he had not been replaced. Dr. Atkinson, the Senior Assistant County Medical Officer attached to this Division, has taken a keen interest in the work of the psychiatric clinic, and with the help and guidance of the Medical Superintendent of Storthes Hall Hospital, the clinic was continued during the intervening period by Dr. Atkinson and the Mental Health Social Worker. New cases were not, however, accepted during this period, and in 1957 there were 65 new cases as compared with 80 the year before. With only one session a week available spread over the whole year, this number of cases is more than sufficient for this clinic, and the cases we are receiving now are earlier. The earlier we can see cases and prevent them developing into frank mental ill-health, the more we can fulfil our duty as a preventive mental health service.

Altogether, 642 attendances were made at 50 sessions, an average of 13 patients being seen at each session.

As a preventive clinic, no direct treatment was carried out. All drugs were ordered by the patients' own doctors and E.C.T. treatment, where necessary, has been carried out at the Huddersfield Royal Infirmary or the Halifax General Hospital. X-ray examinations have been arranged through the Royal Halifax Infirmary. The number of cases admitted to hospitals from the clinic was fifteen, all of these being voluntary admissions."

Dr. Atkinson, Senior Assistant County Medical Officer, Brighouse (No. 18) Division:—

"Towards the end of 1956 the numbers of patients attending the psychiatric clinic had become so great that the sessions frequently lasted from 2 p.m. until 10 p.m. This indicates the size of the problem in this area and the value placed on the clinic by patients and general practitioners but the pressure was too great for satisfactory psychotherapy. Many of the patients were working, so to suit their convenience, and in this way fulfil the preventive nature of the clinic, an evening session was arranged on alternate weeks. Patients appreciated not having to break time at work or to disclose to their colleagues their reason for doing so. They liked the informal atmosphere of the clinic also, as opposed to attending hospital.

This new system worked very well until Dr. Crotty left us in October. After then, we had a rather confused period when members of an overworked staff at Storthes Hall, together with myself, a Senior Assistant County Medical Officer, tried to fill the gap. Dr. Smith, the new Consultant Psychiatrist, has now taken over the clinic and it is building up again.

The knowledge and experience I have gained at the Clinic has greatly increased the interest and value of my work in schools and clinics. I feel that with a little training in this field, Assistant County Medical Officers could help to ease the burden in the Child Guidance Service by recognising early signs of disturbance in children and by treating the mild cases themselves."

Dr. A. L. G. Smith. Consultant Psychiatrist, reports on the Psychiatric Out-Patient Clinic, Staincliffe General Hospital, as follows:—

"This Clinic was inaugurated in April, 1957, to relieve the pressure of work at Dewsbury Out-patient Department and, to a certain extent, has proved successful. There is still a considerable demand for the Dewsbury Clinic and a similar state is arising at Staincliffe, where already the numbers are such that any serious attempts at psychotherapy must be strictly limited. In the absence of facilities at Staincliffe many patients were referred to Dewsbury Hospital for Out-Patient E.C.T., but full use was made of the Laboratory and X-ray Services of Staincliffe Hospital when necessary.

The accommodation available lacked adequate privacy, but matters have been slightly improved by the use of screens. It is still difficult, however, to establish quickly a good rapport with the more reticent patient.

The work of the Social Worker, Mrs. de la Cour, has been most valuable both at the clinic and in the field, and has eased the task of the medical staff.

The services of the Psychiatric Clinic are, of course, available to patients in the Hospital and several were able to benefit from more regular psychiatric attention than might otherwise have been the case."

The following examples of patients dealt with under the Care and After-Care Scheme during the year are of interest:—

Example 1. Male, aged 34 years. This man was an ex-patient of a mental hospital whose condition did not appear to have improved after his discharge. He lived with his mother and had not worked for fourteen years and when asked the reason he said that he had a weak heart. This was not the case but he was quite content to sit around the house watching television and reading. He suffered from a marked inferiority complex and would not make friends and had apparently always been very shy even when attending school. There was a history of family disturbances following the death of the father approximately fifteen years ago and this was considered to be the beginning of his illness. The patient looks forward to visits by the Social Worker.

Example 2. Female. This woman was admitted to a mental hospital in 1949 suffering from paranoia and was discharged in 1957. Since her discharge she has lived with her father, her husband having divorced her whilst in hospital on account of her mental condition. The woman was obsessed with the idea that her ex-husband was having affairs with other women and this is considered to be probably one reason for her mental illness. She is visited periodically by her grown-up family and appears to have improved since first seen. She is now working part-time in a domestic situation.

Example 3. Female, aged 25 years. This woman was referred to the Health Department by her General Practitioner as a mental defective in need of institutional care. She was epileptic and suffered a minor physical disability and personality difficulties. She had had a number of outbursts of aggression towards her fellow workers at her place of work, the last incident being so disturbing that it seemed unlikely that she would be able to continue in her employment. The home background was unsuitable, the parents having little communication and the father merely using the house as a lodging place. Two other children had married early and left home. The patient's mother complained that she was saddled with a daughter who could not now earn her living and for whom, in order to give the necessary supervision, she would have to give up her own employment. The girl had no friends and depended on her mother for companionship, she was sullen and suspicious at the first interview and was afraid she might be sent away from home. An attempt was made to reassure the mother that something would be done to help. After an interview with her employer the girl was able to resume work and she was invited to attend a weekly evening class for adult patients and although there she was inclined to be aggressive she soon became amenable and acceptable to the Group. Her mother attended a social function at the Group and met other mothers with daughters in similar dependent situations. She said she had no idea that any service existed to help in problems such as hers. She was reassured and became more able to face her own problem. The daughter continues to attend the Group regularly.

Co-operation between the Local Health Authority and the Hospital Management Committees is greatly increasing and it is considered that the opening of Psychiatric Out-patient Clinics and the attendance of Mental Health Social Workers to assist the Consultant Psychiatrists is proving of great value. The Mental Health Social Workers are very interested in this phase of their work and consider that it is of value to them.

Venereal Diseases

For the first year since the end of World War II there has been an increase in the number of new cases of gonorrhoea in patients residing in the Administrative County attending Special Treatment Centres during 1957. The increase was not unexpected in view of the large number of immigrants with no settled home life in some of the West Riding County Boroughs, and is in no way alarming. In fact, as will be seen in Table A, the number is only a fraction of the 1946 figure.

Cases of syphilis continue to decline in number, the present figure being less than half of the immediate pre-war one.

Although other conditions still show more than 100 per cent. increase on the pre-war figure, the the general trend from 1946 has been downwards. In this group the commonest diseases are non-gonococcal urethritis and trichomoniasis.

New Cases (compared with previous years). Table A.

Year	Syphilis	Gonorrhoea	Total of new cases of Syphilis and Gonorrhoea	Other Conditions	Total of new Patients
1938	346	650	996	503	1,499
1939	403	678	1,081	593	1,674
1940	299	499	798	497	1,295
1941	331	552	883	587	1,470
1942	423	479	902	735	1,637
1943	487	654	1,141	1,344	2,485
1944	413	560	973	1,383	2,356
1945	473	767	1,240	1,419	2,659
1946	723	1,140	1,863	1,859	3,722
1947	573	729	1,302	1,511	2,813
1948	463	550	1,013	1,403	2,416
1949	435	383	818	1,360	2,178
1950	357	304	661	1,447	2,108
1951	247	171	418	1,212	1,630
1952	219	211	430	1,275	1,705
1953	214	182	396	1,228	1,624
1954	178	152	330	1,189	1,519
1955	175	135	310	1,168	1,478
1956	155	99	254	1,143	1,397
1957	152	125	277	1,078	1,355

There was only one case of early (infectious) acquired syphilis and for the third time in four years there were no cases of congenital syphilis in infants. Table B shows the remarkable and highly satisfactory diminution in the number of cases of early syphilis from 165 in 1949 to 1 in 1957. These figures encourage one to hope that in a few decades the terrible ravages of late syphilis will become a medical rarity.

Table B.

Year	Early Acquired Syphilis	Congenital Syphilis under 1 year	Total Early Syphilis
1949	158	7	165
1950	76	4	80
1951	58	4	62
1952	19	1	20
1953	9	1	10
1954	7	-	7
1955	6	1	7
1956	9	-	9
1957	1	-	1

Table C gives the number of new Administrative County cases diagnosed at Special Treatment Centres for each quarter of 1956 and 1957.

New Cases (Quarterly and stage of disease) Table C.

Quarter Ended	Acquired Syphilis				Congenital Syphilis				Gonorrhoea		Other Conditions	
	Early		Late		Under 1 year		Over 1 year					
	1956	1957	1956	1957	1956	1957	1956	1957	1956	1957	1956	1957
31st March	2	1	31	30	—	—	5	7	18	33	263	281
30th June	1	—	28	27	—	—	7	8	29	20	292	283
30th September ..	1	—	30	28	—	—	6	12	33	28	297	243
31st December ..	5	—	31	37	—	—	8	2	19	44	291	271
	9	1	120	122	—	—	26	29	99	125	1,143	1,078

The addresses of the Special Treatment Centres at which new patients from the Administrative County attended during 1957 and the number of cases of each disease diagnosed are given in Table D. These figures do not include patients who have been transferred from one clinic to another or patients who have defaulted in a previous year and returned during the year under review for treatment of the same condition. The overall percentages of new cases were syphilis 11·2 per cent., gonorrhoea 9·3 per cent., other conditions 79·5 per cent.

New Cases (Treatment Centres). Table D.

Special Treatment Centre	Syphilis	Gonorrhoea	Other Conditions	Total
Barnsley Clinic, Queen's Road	7	7	64	78
Bradford St. Luke's Hospital	8	14	65	87
Burnley Victoria Hospital	—	1	9	10
Dewsbury General Hospital	8	6	72	86
Doncaster Royal Infirmary	34	24	171	229
Goole Bartholomew Hospital	—	3	10	13
Halifax Royal Infirmary	7	6	70	83
Harrogate General Hospital	6	6	26	38
Huddersfield Royal Infirmary	4	2	42	48
Keighley Victoria Hospital	14	6	62	82
Leeds General Infirmary	18	25	134	177
Oldham Boundary Park General Hospital	—	3	5	8
Rotherham Moorgate General Hospital ..	11	6	94	111
Sheffield Jessop Hospital	2	1	1	4
Sheffield Royal Hospital	4	—	13	17
Sheffield Royal Infirmary	5	1	6	12
Sheffield City General Hospital	—	—	—	—
Wakefield Clayton Hospital	20	14	208	242
Westmorland County Hospital	1	—	—	1
York County Hospital	3	—	26	29
	152	125	1,078	1,355

V.D. Social Work.—The Staff consists of four Social Workers who are all state registered nurses with Health Visitors Certificates. The work comes under the immediate direction of a Consultant Venereologist who acts as adviser in venereal diseases to the County Council and is responsible to the County Medical Officer for V.D. prevention and after-care in the Administrative County. The clerical and statistical work is in the hands of a confidential clerk-typist.

The County has been divided into four areas and each V.D. Social Worker traces the contacts, follows up the defaulters and is on the staff of one or more of the Special Treatment Centres in her area, in order to carry out the clinic social work. Three of the areas are coterminous with the County Boroughs of Dewsbury, Doncaster, Halifax and Wakefield and by arrangement three of the Social Workers undertake similar duties in these County Boroughs. This scheme operates smoothly and is a much better one for both patients and medical staff at Special Treatment Centres, than having two social workers at each centre—one for County Borough patients and one for Administrative County patients.

Every effort is made to bring under examination any person who may be infected with a venereal disease. Information about possible cases is received from many sources including:—

(a) New Patients with Venereal Disease.—The Social Workers at Special Treatment Centres interview new patients found to be suffering from venereal infection and obtain information regarding contacts and other persons who may be infected. The latter are asked to attend a Special Treatment Centre on the request of the patient and in this way large numbers (actual figures of Administrative County cases are not available) of persons suspected to be suffering from venereal disease are brought under examination. If this routine is ineffective or not possible the Social Worker arranges to speak to the alleged contact in private and explains the importance of a medical examination. Table E gives the numbers of persons dealt with by this alternative method of case finding.

Contact Tracing Table E.

Total No. of contacts reported ..	80			
Located and examined		66		
Not infected			49	
Infected			17	
Already under treatment ..				—
Brought under treatment				17
Syphilis				11
Gonorrhoea ..				6
Located		7		
Not examined			4	
Transferred to other authority ..			3	
Not located		7		
Insufficient information ..			5	
Unable to locate			2	

(b) Ante natal Cases with Positive Blood Tests.—Pathologists working in the region send to the Consultant Venereologist the name and address of any doctor (but not the name of the patient) who has sent in for testing a specimen of blood from an ante natal patient giving positive tests for syphilis.

The Consultant Venereologist through the V.D. Social Worker offers assistance to the doctor in arranging the examination and if necessary the treatment of the patient and her contacts. In some cases, by this means whole families are examined.

Details of the ante natal cases and their contacts which were investigated by the V.D. Social Workers are given in Table F:—

Ante Natal Cases

Table F.

Patients			Contacts of Patients		
Number of positive reports on specimens from ante natal clinics	Number found to have syphilis	Number found not to be infected	Number of contacts examined	Number found to be infected	Number found not to be infected
41	38	3	49	8	41

Of the 8 contacts found to be infected 5 were adults with late syphilis and the remaining 3 were children aged 3, 5 and 8 years respectively with congenital syphilis.

As part of the socio-medical work at the clinics the V.D. Social Workers are concerned also with the follow up of patients who have ceased to attend before completion of treatment or tests of cure. When this occurs the Social Worker, as a first step, may write to the defaulting patient inviting re-attendance. If this is not successful she will try and see the person privately (see Table G) in order to ascertain the reason for non-attendance, to explain to him or her the importance of complete cure and to help to remove obstacles to re-attendance.

Defaulters

Table G.

Total number of defaulters	Returned to clinic after visiting	Failed to return	Removed, unable to locate	Transferred	Number of ineffective visits	Number of re-visits
311	182	72	13	44	351	651

No figures are available of the number of West Riding (as distinct from County Borough) patients seen in the Special Treatment Centres by the Social Workers, but during the year there were 602 interviews with doctors and 1,489 miscellaneous interviews in addition to the work referred to above.

DOMESTIC HELP

"29.—(1) *A local health authority may make such arrangements as the Minister may approve for providing domestic help for households where such help is required owing to the presence of any person who is ill, lying-in, an expectant mother, mentally defective, aged, or a child not over compulsory school age within the meaning of the Education Act, 1944*".

A further expansion of service was recorded during the year in which the total hours' service provided represented the equivalent of the employment of 717·3 whole-time home helps as against 688·1 in the previous year. The increase was wholly absorbed by the aged and chronic sick applicants who received an additional 108,753 hours, as compared with reductions in all other categories.

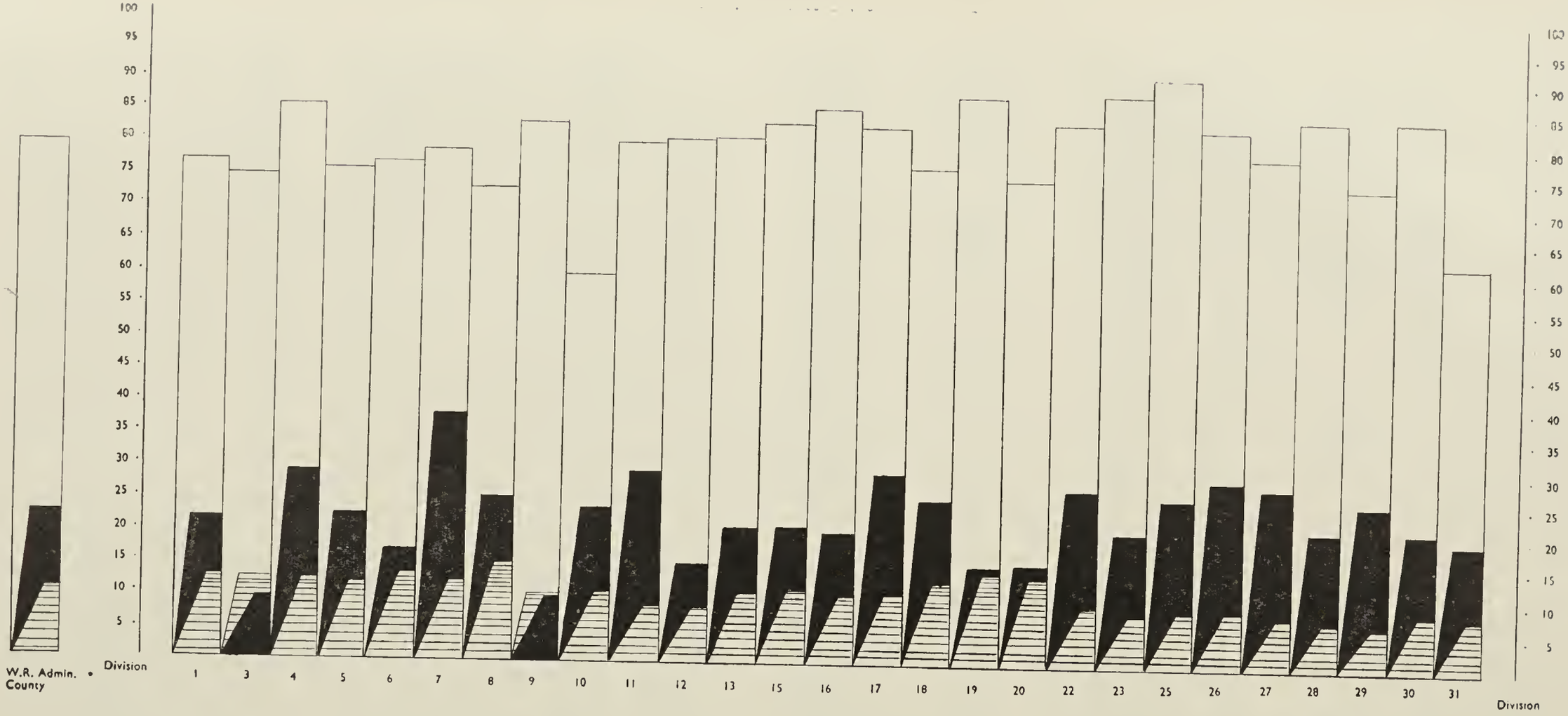
There were no features of outstanding interest. The influenza epidemic had its impact on the service in a manner contrary to that which might have been desired in that the home helps and their families suffered equally with other members of the community, with a consequent reduction of service during the period. Fortunately, however, there was little evidence of the epidemic itself giving rise to demands which we were unable to meet; its target was primarily the youth of the population for whom, generally, parents and other members of the family were able to afford the necessary assistance. Throughout the year there were oases of difficulty in the recruitment of home helps in contrast with other areas where recruitment was in excess of the need. The latter situation affords the opportunity to exercise more careful selection of home helps although it has been encouraging to see that, where such selection has not been possible, the proportion of complaints, or of unsatisfactory behaviour, has been remarkably low for a service of this nature.

Overall, 11,041 cases received 1,641,167 hours' help through the service, an increase of 492 cases and 66,743 hours when compared with 10,549 cases and 1,574,424 hours in 1956. The help provided for the aged and chronic sick represented 79·0 per cent. of the cases (1956—76·2 per cent.) and 86·9 per cent. of the total hours (1956—83·7 per cent.).

Statistical details are given below and the graph which was introduced two years ago to illustrate three of the major factors affecting the service is again reproduced on page 68.

Number of home helps employed at 31st December:—

Whole-time by part-time workers	17
Part-time	1,910
	1,927



Percentage of Home Helps employed on Care of Aged.

Home Helps employed per 50,000 population.

Percentage of population aged 65 years and over (1951 Census)

Classification	No. of Cases				Total	
	1st Jan., 1957	New	Dis-continued	Remaining 31st Dec. 1957	No. of Cases	Hours employed
Maternity	52	1,303	1,306	49	1,355	97,503
Tuberculosis	69	39	50	58	108	23,505
Chronic sick, aged and infirm:—						
(a) aged 65 or over ..	4,899	2,982	2,284	5,597	7,881	1,303,934
(b) under 65	398	437	356	479	835	122,102
Other	279	583	584	278	862	94,123
Total	5,697	5,344	4,580	6,461	11,041	1,641,167

MENTAL HEALTH

"51.—(1) *Section twenty of this Act (which requires local health authorities to submit proposals to the Minister for carrying out their duties under certain provisions of Part III of this Act and to carry out those duties in accordance with the proposals) shall apply with respect to the duties of local health authorities under the Lunacy and Mental Treatment Acts, 1890 to 1930, and the Mental Deficiency Acts, 1913 to 1938.*"

Administration.—The detailed administration of the Mental Health Service of the County Council has been referred by the Local Health Authority to a Mental Health Sub-Committee consisting of 24 members which meets monthly.

The staff of the Mental Health Section of the County Health Department consists of:—

(a) *Medical.*

The County Medical Officer is responsible to the Mental Health Sub-Committee for the organisation and control of the Mental Health Service and he is responsible for the medical direction of the service.

The local medical administration of the Mental Health Service is undertaken by the whole-time Divisional Medical Officers in the 26 Divisions into which the County has been divided for the divisional administration of the preventive medical services. The Divisional Medical Officers and Assistant County Medical Officers approved for the purpose give certificates in accordance with the provisions of Sections 3 and 5 of the Mental Deficiency Act, 1913, and also undertake the statutory medical visitation of mentally defective persons under guardianship and complete Special Reports and Certificates in accordance with the requirements of Section 11 (4) (b) of the Mental Deficiency Act, 1913.

(b) *Non-Medical.*

(i) Two Senior Clerks are approved by the County Council to act as Petitioning Officers. Both these officers hold the Diploma in Public Administration and the Extra-mural Certificate in Social Organisation of Leeds University.

(ii) There are 24 Duly Authorised Officers under the Lunacy and Mental Treatment Acts, most of whom have had many years' experience of the work and also perform welfare duties under the National Assistance Acts. In addition certain members of the male staff of the Divisional Welfare Offices have been trained to act as Duly Authorised Officers in exceptional cases such as protracted absence of an Authorised Officer owing to sickness or during holiday periods.

(iii) Fourteen Mental Health Social Workers are employed in the Health Divisions, all of whom have had four to five months' training organised by the County Council prior to being allocated to their duties in the respective Health Divisions. Two other Social Workers have been appointed and are expected to commence training in January 1958. Six Social Workers attend Psychiatric Out-patient Clinics to assist the Psychiatrists with new patients, visits to patients' homes and relatives and act as liaison officers between the Psychiatrists and other Local Health Authorities or the Authorised Officers. There is an establishment of 16 Mental Health Social Workers.

(iv) There are seven Supervisors of Occupation Centres, three of whom hold the Diploma of the National Association for Mental Health, two have had considerable experience in the School Department of Hospitals and the remaining two have had experience as Assistant Teachers in Group Training Classes and Occupation Centres. Additional staff at the seven occupation centres consist of female Assistant Supervisors or Nursery Assistants and two Male Instructors.

(v) Twenty-one whole-time Teachers of the Mentally Handicapped and two part-time Teachers undertake teaching in the homes or in group classes and most of them have had some years' experience in teaching mental defectives and teaching in primary schools or evening institutes. There is an establishment of 24 Teachers of the Mentally Handicapped.

(vi) There are six established posts for Psychiatric Social Workers but no applications have been received from qualified persons to fill them.

The Consultant Psychiatrists in Lunacy or Mental Deficiency employed by the Regional Hospital Boards are most co-operative and always willing to give clinical opinions and advice on medication, either at out-patient clinics or at the appropriate Hospitals and by domiciliary visits.

West Riding patients are admitted to 9 different Mental Hospitals but there is no uniform method of co-operation with the Hospitals except that when specific information regarding a discharged patient is requested this is usually forthcoming. It is considered, however, that increased and closer co-operation will be necessary to ensure the continuity of care required in work of this nature.

Training of Staff.—The inability to obtain Psychiatric Social Workers is referred to above but every endeavour is made to fit the Mental Health Social Workers to carry out care and after-care of the mentally ill as well as the mentally defective.

The County Council are anxious that the scope of the training provided should be increased and two officers are at present attending an In-service Refresher Course promoted by the National Association for Mental Health (in conjunction with the University of Leeds), and it is hoped to second another officer to a similar course in 1958/59. A course for new entrants to the service, as envisaged in the Report of the Mackintosh Committee, is very necessary. This Authority has endeavoured to provide training for new entrants on the lines given below but there is difficulty in providing the training for individual applicants to fill the occasional vacancies through resignations. Training, however, is still provided for new entrants, as far as possible, on the following lines:—

One month at an Institution for mental defectives doing ward rounds with nurses, examining case papers and receiving lectures on mental deficiency, elementary psychology etc., followed by one month at a Mental Hospital talking to patients, seeing and assisting with treatments, attendances at Out-patient Clinics and Occupational Therapy Department. Experience in the Child Guidance Service including attendances at Neurological Clinics and Child Guidance Centres. Training in the Mental Health Section of the County Health Department in the administrative side of the work, the statutory and voluntary Mental Health Services and visits to Occupation Centres and practical work with an experienced Social Worker.

The County Council have a scheme whereby the staffs of Occupation Centres and Teachers of the Mentally Handicapped are recommended for the 12 months' course of training provided by the National Association for Mental Health. Those accepted for the course are granted leave of absence for the period of the training and the County Council make a loan to students of 60 per cent. of the salary of a qualified Teacher of the Mentally Handicapped during the period of the course and also pay the course and examination fees. The loan is not repayable if the officer remains in service with the County Council for a period of not less than two years after the end of the course.

As a result of special consideration during the year of the training facilities available and necessary in the future, the County Council have been recommended to approve the appointment of an Organiser of Training. This officer who must have had considerable experience of all forms of training in Occupation Centres, Group Training Classes and in patients' homes, will be required to organise the training of patients, to arrange training and refresher Courses for teaching staff, to organise Training Conferences of Teachers and Supervisors of Occupation Centres, to advise on training equipment and methods and to assist generally with the work of improving and increasing the training facilities to be made available in the future. This appointment will take the place of the appointment of Supervisor of Occupation Centres and Teachers of the Mentally Handicapped which has not previously been filled.

There is close co-operation with all County Services to avoid overlapping, for example, where a mentally defective child is in the care of the Children's Department it is usual to arrange which Department shall undertake the major supervision and keep the other Department informed of the conditions and requirements. There is also very close co-operation with other statutory and voluntary services (Probation, Ministry of Labour and National Service, National Assistance Board, National Society for the Prevention of Cruelty to Children, Women's Voluntary Services etc.). In some Health Divisions frequent meetings are held at which all Social Welfare branches of the County Council are represented and all other statutory and voluntary Welfare Services are invited.

Lunacy and Mental Treatment Acts.—Action under the Lunacy and Mental Treatment Acts during 1957 was as follows, the figures for 1956 being given in brackets:—

Lunacy Act, 1890, Patients admitted under Section 16, 328 (408):
under Section 20, 309 (322); under Section 21, 39 (82);
under Section 11, 7 (8)

Mental Treatment Act, 1930, Assistance given in respect of patients admitted under Section 1, 358 (353); under Section 5, 3 (11).

The Duly Authorised Officers were consulted by general medical practitioners or relatives in 258 instances (266) where action under the Lunacy and Mental Treatment Acts was considered unnecessary.

The Medical Superintendents of the Mental Hospitals will arrange, at the request of the Duly Authorised Officers, domiciliary visits either by themselves or members of the medical staffs, and advise on the mental condition of individual patients and the action considered desirable.

The Psychiatric Out-patient Clinics and Specialist Services have been a boon in providing early treatment in difficult cases. Three additional Out-patient Clinics were opened or continued during 1957 at Staincliffe, Castleford and Hemsworth, at which the Mental Health Social Workers for the districts attended and provided background and other information for the Psychiatrists. At the present time there are seven such Psychiatric Clinics at which County Mental Health Social Workers assist and this type of service is of great benefit to the Workers themselves in addition to being a valuable extension of the Mental Health Service.

The Duly Authorised Officers report that the co-operation by the Hospitals Staffs, Psychiatrists at the Out-patient Clinics, General Practitioners and the Ambulance Service continues to be good. General Practitioners are referring more cases direct to the Out-patient Clinics with increasing benefit to their patients by earlier treatment. There is still difficulty in obtaining hospital beds for the aged senile dementia cases and at one hospital the Medical Superintendent appears reluctant to admit patients under Section 20 of the Lunacy Act, particularly during the day time, preferring that they should be admitted as voluntary or certified patients.

An unusual example of the type of service given by an Authorised Officer is that of a professional man, who whilst working in Greece, was informed of his wife's mental illness. He travelled home by air and on his arrival he proceeded to petition under Section 4 of the Lunacy Act for his wife's admission as a private patient to a Mental Hospital. The necessary medical certificates had been obtained for him by the Authorised Officer and arrangements made for the petition to be heard by a Judicial Authority. The procedure by way of private petition under Section 4 of the Act is now very rare.

Mental Deficiency Acts 1913-38.—During 1957, 265 persons were reported to the Local Health Authority as alleged mentally defective persons. At the end of the year mental defect was not confirmed in 8 cases, action was not complete in 23 cases and 4 patients had been found not "subject to be dealt with". The remaining 230 were reported as follows:—By the Local Education Authority under Section 57 of the Education Act 1944; Sub-section (3) 102, and Sub-section (5) 80; by Police or Court 4; and from other sources 44. These 230 patients were dealt with as follows:—Placed under Statutory Supervision, 207; admitted to Hospitals, 20; left the area or died, 3. Of the four patients who were found not "subject to be dealt with" one was placed under Voluntary Supervision and no action was necessary with regard to the remaining three.

The total action taken during the year with regard to all patients shows that 116 patients were admitted to Institutions, as follows:—Placed under Section 3 of the Mental Deficiency Act, 1913, 65; by Orders of Judicial Authorities obtained under Section 6 of the Mental Deficiency Act, 1913, 31; by Orders made by Courts under Section 8, 13; by Varying Orders from Guardianship, 4 and by Orders of the Secretary of State under Section 9 of the Mental Deficiency Act, 1913, 3.

Six patients were placed under Guardianship—1 by a Guardianship Order obtained under Section 6 of the Mental Deficiency Act, 1913 and 5 by Varying Orders from Institutional care.

In addition 216 patients were placed under Statutory Supervision and 111 patients were removed from the Statutory Supervision list as follows:—Supervision no longer considered necessary, 35; left the County Area, 50; admitted to Mental Hospitals, 2; considered to be not now certifiable as a mentally defective person, 1; referred to the Education Committee with a view to the Report under Section 57 (3) of the Education Act 1944 being withdrawn, 1; whereabouts unknown, 1; died, 21 (the above figures are inclusive of action taken in the 230 cases mentioned above who were ascertained during 1956). The total number of ascertained mentally defective persons in the Administrative County on the 31st December, 1957 was 4,562:—Under Statutory Supervision, 2,292; under Guardianship, 61; in Hospitals, 1,796; and under Voluntary Supervision, 413. Of the patients in domiciliary care 105 were awaiting admission to Hospital, of whom 53 (including 21 "cot and chair" cases) were in urgent need of accommodation.

Short Stay Care.—During 1957 short stay care for varying periods was provided in National Health Service Hospitals for 136 mentally defective persons under the provisions of Ministry of Health Circular 5/52 and 2 patients were admitted to short stay accommodation in private homes at the expense of the County Council. Short stay provision has proved of great advantage to both patients and parents, particularly where the mother is about to be confined or is ill and has to be admitted to Hospital or where parents have not, in some cases for many years, been able to have a holiday. In such cases, every effort is made to obtain short stay care for the patient and the utmost co-operation is given by the Hospital Committees, particularly in cases of extreme urgency.

Training.—Training was considered desirable for 1,008 of the mentally defective persons under domiciliary care, as follows:—

	Under age 16 years		*Aged 16 years and over*		
	M.	*F.*	*M.*	*F.*	*Total*
(a) Occupation Centre	217	199	36	155	607
(b) Industrial Centre	10	—	95	31	136
(c) Group Training	27	32	29	61	149
(d) Home Teaching	7	17	27	65	116
	261	248	187	312	1,008

Of these, 807 were receiving training as follows:—

	Under age 16 years		*Aged 16 years and over*		
	M.	*F.*	*M.*	*F.*	*Total*
(a) In County Occupation Centres	90	76	13	31	210
(b) In Non-County Occupation Centres ..	59	51	11	20	141
(c) In Industrial Centres	8	—	14	4	26
(d) In Group Training Classes	47	55	45	93	240
(e) At home	12	22	46	110	190
	216	204	129	258	807

Of the remainder of the mentally defective persons in community care 897 (608 males and 289 females) were in full-time employment, 26 (23 males and 3 females) were in part-time employment and 748 (294 males and 454 females) were considered to be adequately occupied at home.

The voluntary evening class held by one of the Social Workers for adult female patients has been attended during the year by ten patients. An outing to Southport was held and this was financed by the Association of Parents of Mentally Handicapped Children. At Christmas, instead of the usual party, the class members enjoyed "high tea" and a visit to the cinema. This class is very popular and always well attended.

Occupation Centres.—At the end of 1956 three occupation centres had been provided at Castleford, Keighley and Hemsworth and during 1957 four further centres were opened for 27 patients each at "The Gables", Wombwell, the former day nurseries at Lightcliffe and Horsforth and the former Divisional Health Office at Ossett. These four premises had been specially adapted and the opening of each was welcomed by the parents of patients residing in the areas who quickly formed themselves into parents' associations, and proved to be very enthusiastic in their support of the centres. Monthly meetings of the Associations are held in the Centres by permission of the Mental Health Sub-Committee at the discretion of the Divisional Medical Officers concerned.

Workrooms for adult male patients were opened at the Keighley and Hemsworth Occupation Centres under the direct control of male instructors and the male patients were engaged in various forms of handicrafts, including simple woodwork, iron work, brush making and papier mache work. This provision was doubly welcome in that it enabled adult patients with no previous outlet for their energies to attend and also proved to be a valuable continuation of the training of some of the boys who were too old to continue in attendance at the junior classes of the centres.

The work of planning for the provision of large new centres was continued during the year and the Mental Health Sub-Committee confirmed their priority order of centres for 76 patients each at Airedale (to replace the existing Castleford Centre), Adwick le Street, Ecclesfield, Wath upon Dearne and Maltby. At the 31st December, 1957, the necessary site works had been commenced at Airedale. Sites had been purchased at Adwick le Street and Wath upon Dearne and it was anticipated that preliminary works for the erection of centres on both sites would be commenced early in 1958. Negotiations were in hand for the purchase of a site at Ecclesfield and a recommendation had been made to purchase a site at Maltby. Pending the erection of a new occupation centre at Maltby, County Council approval had been given to the lease of the Maltby Parish Church Hall to be used as a temporary occupation centre, and it was anticipated that the centre would be opened for training purposes early in 1958.

In May, 1957, a Special Sub-Committee of the Mental Health Sub-Committee inspected a property at Heckmondwike, and as a result of the report of that Sub-Committee the Minister of Health was approached to ascertain whether loan sanction would be given for the purchase and adaptation of the property for use as an occupation centre without detriment to the projects already in hand. The Minister of Health was not able at that time, however, to say when he would be able to give approval to or recommend loan sanction for the acquisition and adaptation of the premises and the Mental Health Sub-Committee decided, therefore, that no further action be taken in connection with the proposal. In December, 1957, a further approach was made to the Minister of Health with regard to the possibility of acquiring the premises but at the end of the year it was not known whether approval would be given.

The County Council's approved scheme of training allows for the provision of 15 occupation centres and, as previously mentioned, at the end of 1957 seven centres were open. The siting of occupation centres in addition to those already opened or planned will depend upon the actual need for further training provision.

The County Council's scheme also provides for co-operation with other Local Health Authorities in the establishment of joint centres; for West Riding patients to be admitted to Centres provided by other Authorities; for the provision of Teachers who visit mentally defective persons and care and after-care patients in their own homes and also for the provision by the Mental Health Social Workers of some training for patients in isolated parts of the County. West Riding patients are admitted to Centres provided by the Leeds, Bradford, Barnsley, Burnley, Dewsbury, Doncaster, Huddersfield, Oldham, Wakefield and York County Borough Councils and arrangements have been made with the Hospital Management Committees concerned for a few West Riding patients to be admitted to the occupation centres at Westwood Hospital, Bradford, and Stansfield View Hospital, Todmorden, for daily training. The principle of allowing patients on licence from Mental Deficiency Hospitals and Institutions to attend at West Riding Occupation Centres has been established by the Mental Health Sub-Committee, subject to the payment by the Hospital Management Committee of a fee to be fixed by the West Riding Treasurer.

Divisional Medical Officers have reported on the Occupation Centres as follows:—

Castleford Occupation Centre

(*Dr. Paterson, Divisional Medical Officer*)

The Castleford Occupation Centre, the first in the West Riding and opened in 1949, has over all the years of its existence operated under primitive conditions. In a church hall up to 45 children and teenagers have been divided into three groups separated only by flimsy portable partitions. Here they have had inculcated into them the elementary habits of cleanliness and good manners and been made to realise the basic features of our social and moral code. Successful though the results have been, there can be no doubt whatsoever that they would have been more so with more wholesome and congenial conditions and facilities for better co-ordinated progress. It is most gratifying to learn that provision has been made, even under the pressure of economic restrictions, to provide a new commodious centre at Airedale and in my next report I hope to be able to give details of the new centre and also of progress made.

The curriculum at an Occupation Centre is based on the teaching of four basic subjects. These are speech training, activity lessons, sense and habit training. Thus some who previously were unable to utter more than simple words have by dint of speech training been induced to use simple sentences quite clearly and distinctly; others by reason of habit training have become transformed into respectable members of the community. It is not readily appreciated by the lay public that these children by reason of their innate disability experience no little difficulty in evaluating shape, size or form, in appreciating colours, in threading a needle or engaging in play, and this fact makes it doubly important that considerable stress should be laid in any curriculum that it should involve an intense course of sense training. Until this has been mastered the art of joining in co-ordinated games, or exercises, is a closed book to them.

Although progress by means of the three R's cannot satisfactorily be employed in their education, it is nevertheless desirable that they should be conversant with numerals if any progress is to be made in such subjects as handwork, and it is encouraging to note that several of the older children by the aid of counters have been enabled to perform arithmetical sums dealing with simple addition and subtraction. Owing to their educational immaturity, they very readily respond to such activities as those involved in handwork, physical training, percussion band and eurythmics, which are one sure method of retaining their interest.

Attendances during the year have for the most part been anything but satisfactory and in the influenza epidemic in September they were exceptionally low. It was some weeks before there was any improvement and the average weekly attendance for the year was 156.

Open Days were held during the year including a "Sports Day" which was a new venture, but one which was enjoyed by both parents and children and again showed how these children can develop a team spirit and a will to compete. Prizes were given by the Parent Teachers' Association and were distributed by Mrs. Bromley, J.P. The annual "Open Day" arranged for September had to be postponed owing to the influenza epidemic and was eventually held on 3rd December. Although it was very foggy, a good proportion of the parents contrary to expectations turned up and items given by the children included physical training, percussion band, miming, country dancing and ball exercises.

The staff relinquished voluntarily a great deal of their spare time in decorating the Hall for the Christmas Party with very pleasing results indeed. This year a Fancy Dress Parade was organised and the mothers co-operated very well in its organisation. Prizes provided by the Parent Teachers' Association were given for the best costume and County Alderman Whittock once again acted the role of Santa Claus distributing gifts provided by the Parent Teachers' Association. This was voted the best party ever held at the Centre.

The annual outing financed by the Mental Health Sub-Committee and the Parent Teachers' Association was again to Filey. The older children were taken on 2nd July and the younger on 9th July.

Frequent visits have been made to the Centre by the Pontefract Social Workers and this is indeed much appreciated as these visits established a link with those parents who never visit the Centre.

Branshaw View Occupation Centre, Keighley

(Dr. McDonagh, Divisional Medical Officer)

The number of children on the register in January was 42 and by the end of the year this total had risen to 47.

During the year there were 11 admissions and 6 discharges.

The following table shows the age groups attending:—

Sex	Ages—Years																		
	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
M	1	—	1	3	—	2	3	3	3	2	2	2	1	2	1	1	1	—	1
F	1	—	—	—	—	—	1	1	2	2	2	4	—	—	2	2	—	1	—

The average daily attendance was 35·6 and would have been higher had it not been for the 'bus strike in July which affected four school days and the epidemic of influenza in September and October which affected eleven school days.

The Centre staff consists of a Supervisor, an Assistant Supervisor, three Nursery Assistants, one Handicrafts Instructor and a Coach Escort.

The Instructor was appointed in January, 1957, to teach the senior boys in the new industrial section which had been set up in the upper part of the building. Six boys from the Junior Centre, aged 14 years and upwards, formed the first class and at the end of the year the number in the class was ten. The type of work undertaken by this section consists of simple carpentry, rug making, basketry, gardening and physical education and the value of this work is amply demonstrated by the happy demeanour of all the boys. The Parents' Association (Shipley Group) gave a donation of £75 for a Myford Electrically Driven Lathe and Tools for use in the industrial section. In addition they also provided a wall clock and a radio, all of which are greatly appreciated. The Instructor spent the October break attending the Leeds and Bradford Industrial Centres studying the methods and working arrangements there.

Six senior girls, aged 14 years and upwards, were formed into a special group for handicrafts including rug making, basketry, simple weaving and scarf frame knitting. In addition the same six girls also took part in practical cookery and housecraft sessions on three occasions each week.

The remainder of the children are divided into three groups. At the end of the year these groups totalled 12, 13 and 6. In the smaller group two are suffering from spastic paraplegia and three are very low grade and are doubly incontinent.

The curriculum for the younger children includes physical education, country dancing, playing percussion instruments, shopping procedure, recognition of numbers and letters by sight and hand and simple word making. Scrap book making included such projects as farms, zoological gardens, articles of furniture suitable for the various rooms of the houses, etc., and puppetry. The children were also trained to dress themselves and to attend to their own personal hygiene.

A summer outing to Belle Vue, Manchester, took place in June and 36 children attended. The Manchester Branch of the W.V.S. received the party and gave excellent assistance. The children enjoyed their treat very much.

The Christmas Party for the children was a great success as also was a social evening for the parents which has been found to be extremely valuable in improving the relationship between parents and teachers.

Hemsworth Occupation Centre

(Dr. Walters, Divisional Medical Officer)

Nineteen fifty-seven was a year of steady progress at the Centre and saw a change in Supervisor—Miss O. Porter, formerly a Home Teacher on the County Staff taking up duties in September. Also in September, Mr. L. I. Wright took up duties as Male Instructor and it was at last possible to open the centre workshop. Though 9 adult male patients had previously agreed to attend, the actual response was surprisingly poor and only 5 remained as regular attenders and these included 2 boys who had been moved up from a mixed class at the Centre. Two vacancies were therefore offered to and accepted by patients living in the neighbouring township of Cudworth in Division No. 25. The total number on the register at the end of the year was 41 of whom all but 4 lived within the division.

Regular visits of inspection by a Senior Assistant County Medical Officer and a school nurse continued throughout the year but with the resignation of the divisional speech therapist in May valuable help and guidance to the staff and children was lost. The vacancy is still not filled. Other visitors included a local police officer who gave several interesting and useful talks on road safety and showed films to the children; home teachers, training college and nursing students and Miss Ross Hogg a tutor on the Diploma training course.

Though interest in the Parent-Teacher organisation continues to be very disappointing, very successful social evenings and whist drives were held. A summer outing to Filey, Christmas and Bonfire day parties and term festivities were all enjoyed by the children and financially supported by grants from the County Council and the Wombwell Society for Mentally Handicapped Children.

"The Gables" Wombwell, Occupation Centre

(Dr. Barnes, Divisional Medical Officer)

The Centre was opened in February, 1957, and for the first two weeks only Darfield and Wombwell children were admitted. Following this, the scope was extended and transport facilities were provided in order that children from Darfield, Worsbrough, Hoyland and Jump could be accommodated. At the end of the year the Centre was only one short of its established number, and this defect was remedied in January, 1958.

The working of the Centre has, of course, had initial teething troubles, which is only to be expected when starting a project of this type from scratch, and in the main, I think, things have gone relatively smoothly.

The staff consists of a Supervisor and two Nursery Assistants, and I think it is fair to say that, as far as the Assistants are concerned, what they have lacked in experience they have made up for in enthusiasm.

Meals are provided through the school meals service by arrangement with the Divisional Education Officer.

Brighouse Occupation Centre

(Dr. Appleton, Divisional Medical Officer)

An Occupation Centre was opened on the 1st April, 1957, at Holme House, Lightcliffe, prefabricated premises previously used as a day nursery. It was opened with all the children who had previously been attending at the Group Training Class. The Supervisor and Nursery Assistant from the Group Training Class were transferred to the Centre, and it opened with 14 children and 1 adult. After the Easter holidays, on the 29th April, we re-opened with 22 children on the register and an additional assistant. We were helped by the local Parents' Association in the provision of a piano and a gramophone, and the parents greatly appreciated the transport that was provided. With the opening of this Centre, we were able to accommodate all the children in this Division who require occupation centre training and whose parents were willing for them to be admitted. Three classes were arranged—for the youngest children and children of the lowest grade; for a middle group, and for high grade children. The progress made in the 9 months that the Centre has been open has been extremely satisfactory, and the improvement in their social behaviour has been very gratifying both to the parents and ourselves.

An outing to Belle Vue, Manchester, was undertaken in June. With the help of the Social Worker, the Cleaner and the Meals Assistant, the Supervisor and her staff took them in their usual bus without any untoward incident. In October a meeting of all the parents was held, and in November, we had an open day, when articles made in the Centre during the year were displayed and sold. The highest grade children and the intermediate group were able to give a short play, and the lowest grade gave a display of their activities. At the Christmas Party, a Nativity Play was presented.

During the year, five more children were admitted, one child was admitted to hospital, and one child and one adult left the area, so that at the end of the year 24 children were on the register. The School Meals Service have provided the children with excellent meals throughout the year, and even during the worst weather conditions the coach has turned up at the appointed times.

As the children settled, a regular curriculum was introduced, and the standard of handwork was very high. The year has been one of consolidation followed by remarkable progress. The atmosphere has been a happy one, and the work of the staff has shown rewarding results.

Ossett Occupation Centre

(Dr. Lyons, Divisional Medical Officer)

This Centre was opened on 16th September, 1957. The premises consist of a prefabricated nursery hutment which had been in use as a Divisional Health Office prior to the amalgamation of the Ossett and Morley Health Divisions. The building is situated in the pleasant grounds of Croft House, a fine old house used mainly as a multiple clinic. The proximity of the Occupation Centre to this clinic is a distinct advantage, since it ensures the ready availability of nursing or medical staff for emergency or consultation.

The accommodation is sufficient to cater for 27 children up to the age of 15 years. The redecoration and adaptation of the rooms has been effective as well as pleasing to the eye. The furnishings, fittings and equipment are also of a high standard, reflecting the importance attached by the County Council to this relatively new activity in the field of Mental Health.

The teaching staff consists of an experienced, well-qualified supervisor and two assistants. A part-time meals assistant and a part-time cleaner constitute the domestic staff. Dinners for the children are obtained from the nearby School Meals Service canteen.

The patients on roll at the end of 1957 numbered 26, with an average attendance of 21. Twelve patients reside in Ossett and are escorted to the Centre by parents, but special transport facilities are available for the children resident further afield, e.g. in Horbury, East Ardsley and the Wakefield Rural District. The children have settled down to their new regime with remarkably little trouble and several are already showing signs of benefit from the social training provided.

The parents have expressed their appreciation of the skilled painstaking care devoted to the children by the enthusiastic staff. A Parent-Teachers' Association has been formed and is extremely active, co-operating well with the Divisional Medical Officer (whom they elected as their Honorary President!), in a sincere endeavour to make the lives of these children fuller and happier and so benefit the family as a whole. The parents are under no delusions as to the functions of the Centre. They are aware that we cannot cure or eliminate mental incapacity of this nature but they also realise that training and management can do much to minimise the handicap and give the children an opportunity of developing such talents and faculties as they possess.

The Centre has attracted considerable sympathetic interest in the town of Ossett and many inquiries have been received from individual citizens as well as social organisations, offering to assist in the good work, particularly in relation to recreational outings and amenities. This evidence of public interest is indeed welcome and confirms the impression that the public attitude to the problems of mental ill health in general is undergoing a rapid and long-overdue transformation.

Horsforth Occupation Centre

(Dr. Telford Burn, Divisional Medical Officer)

The Occupation Centre opened on the 11th November, 1957, with six children resident in the immediate area. A fortnight later on and from the 25th November, the number on the register was 24 and from the week commencing the 16th December, 1957, 26. During this brief period there was little absenteeism, and it is generally felt by all concerned with the welfare of those who had attended that without exception they benefited in some degree. Together a short time only, the children gave a nativity playlet before the Centre closed for Christmas. A meeting to inaugurate a Parents' Association was held on the 3rd December, but its first active meeting was not held until early in 1958.

The Centre had virtually received all equipment by the end of the year, and it is thought that little more will be required or that there will be need for much further work of adaptation. It should make a good Occupation Centre within the limits of an adapted wartime day nursery.

Group Training.—The scheme of teaching patients in small groups in premises such as Sunday Schoolrooms and Clinic premises has been continued and at the end of the year 240 patients were attending classes in 44 different premises. The extent of the training provided varies according to the amount of time the premises are available each week and their suitability. Some of the classes are open for three and four days weekly but others are available for only one day or half a day each week. The main benefit for children who attend classes for a very limited period is that away from their own homes they respond more easily and quickly to the discipline and training provided and, equally important, they are trained with other children of similar age and ability which leads to an improvement in their social behaviour. The provision of even limited training in small groups for children who cannot attend Occupation Centres is appreciated by the parents and the growth of the group training service is being encouraged.

In May, 1957, two Inspectors of the Board of Control visited the County Area to make a survey of the Group Training facilities provided under the Mental Health Service. They visited the various premises where classes were being held and also visited the Occupation Centres. Towards the end of their survey they met the County Medical Officer to discuss with him various matters connected with the survey.

In September the observations of the Inspectors were included in a letter received from the Ministry of Health and this letter along with the observations of the County Medical Officer was presented to the Mental Health Sub-Committee early in October. A Special Sub-Committee was appointed and this Sub-Committee met on the 28th October, 1957 and considered the matters mentioned in the Ministry's letter. The main comments of the Ministry of Health and the observations made by the County Medical Officer which were accepted by the Mental Health Sub-Committee are given below.

Comments by Ministry of Health	*Observations by County Medical Officer*
(a) The provision of regular day to day training routine for mentally handicapped persons is essential if they are to obtain the maximum benefit. When full time training is not possible orthodox Occupation Centre methods should be applied as far as possible to part-time training. The future establishment of continuous full-time sessions should be aimed at and the fullest advantage taken of the knowledge and skill of trained staff. Discrimination in the range of facilities provided for mentally handicapped persons should be avoided so far as local circumstances allow.	(a) It is the Mental Health Sub-Committee's aim to provide the optimum of training for mentally handicapped patients in their area but until sufficient Occupation Centre provision can be made there are bound to be differences in the amount and type of training. Every effort is being made to obtain hired premises where training can be given for longer periods.
(b) The Minister appreciates the difficult problem facing the County Council in providing full time training but is glad to see the steady progress made towards a comprehensive training scheme. To develop the service on more uniform and efficient lines the Minister recommends the appointment of a training organiser whose duties should include co-ordination and planning of groups, liaison between teaching staff and Divisional Administration, staff training and organisation of refresher courses, advice on premises and equipment and the supervision of group training itself. The Minister also recommends more regular conferences between Mental Health Staff to consider improvement in the service.	(b) It was agreed that there was a need for liaison between Teaching Staff and other Officers engaged in the Mental Health Service and the appointment of an Organiser of Training with duties materially on the lines indicated by the Minister would be a definite step towards achieving a more uniform and efficient service. More regular Conferences of all officers engaged in the Mental Health Service were also considered necessary.
(c) A scheme of training existing and future staff should be considered which would allow student staff to be properly trained and experienced prior to being appointed as assistant teachers either in Occupation Centres or in group classes. Failing this new recruits to the teaching staff should be given frequent opportunities to visit full-time occupation centres to observe teaching and organisation methods.	(c) Teaching staff generally are required to have experience in this work before appointment although it was accepted that junior appointments in occupation centres would probably be filled by young inexperienced workers. Those employed had progressed well and were regarded as very useful members of the staff. It was considered unnecessary to institute a scheme of recruitment on the lines indicated.

Comments by Ministry of Health	*Observations by County Medical Officer*
(d) The Inspectors had reported that although a few teachers used cars this was not encouraged and the majority had to depend on public transport resulting in much time wasted in travelling between group training classes.	(d) Certain teachers used their cars in connection with their duties, others used public transport and had not applied to use cars. No application to use a car had been refused but, though the use of a car would save time in travelling, all officers using them were required to comply with the County Council's regulations and to use public service transport when convenient.
(c) The amalgamation of certain small groups would reduce travelling time and patients would benefit by increased training sessions. The Inspectors of the Board of Control had also noticed the policy of providing special transport for Occupation Centres but not group training classes and that so long as a group had no settled premises of its own it could not be recognised as an occupation centre. In the view of the Minister the provision of transport, meals and milk, should be re-considered for group training classes and that such provisions should be regarded as a normal part of the facilities provided. Parents should also be encouraged to co-operate with regard to the regular attendance of patients.	(e) Efforts are being made to amalgamate classes where possible but this is limited by the amount of time during which suitable premises are available, and the increased distances patients will have to travel. The need for the provision of special transport for group training classes would now appear to be no different from the need for such transport to occupation centres and there appears to be no reason why there should be this difference. The Mental Health Sub-Committee might be prepared to give this point special consideration.
(f) For the most part groups met in clinic premises, often with inadequate space, storage facilities were limited and there was a lack of space for physical education. The Minister recognised that alternative premises might be difficult to find and would be prepared to consider proposals for the inexpensive construction of small centres where a local need was shown.	(f) The need for more suitable premises is recognised but such premises are difficult to obtain.
(g) The main criticism of the training provided was that because of the difficulties of accommodation, physical activity, games, music and dancing were impracticable and the syllabus restricted to sedentary occupations.	(g) Facilities for physical activity, both indoor and out of doors, to be made available in new training centres but the limitation in group training classes is due to the type of accommodation which has to be used.

As a result of the consideration given to the comments by the Board of Control's Inspectors and the Minister of Health and after considering in detail the observations and suggestions made by the County Medical Officer the Special Sub-Committee of the Mental Health Sub-Committee made the following recommendations:—

(a) That this Sub-Committee are in favour of the use of motor cars on County business by home teachers in cases where such use is justified, and that applications for the use of motor cars by this category of staff be considered on their merits.

(b) That, as from the 1st April, 1958, special travelling facilities be provided where justified for children attending group classes and that arrangements also be made for the provision of meals where convenient to do so.

(c) That the establishment of the Mental Health Service be amended by the deletion of the post of Supervisor of Occupation Centres and Teachers of the Mentally Handicapped (A.P.T.I) and the substitution therefor of an Organiser of Training (A.P.T.II—£725×£30 to £845 per annum) whose duties will be the supervision and co-ordination of the various schemes for the training of mental defectives, the training of individual staff, the organisation of refresher courses, etc., and the arrangement, subject to the approval of the County Medical Officer of conferences of Divisional Mental Health teaching staff, including Supervisors of Occupation Centres, to discuss all matters likely to lead to improvement in the training facilities provided.

(d) That after the conclusion of two years satisfactory service, Nursery Assistants (salary £320×£15 to £380) employed at Occupation Centres be considered for promotion to the rank of Unqualified Assistant Supervisor (salary £365×£30 to £485) and that the staff establishments be amended accordingly.

These recommendations were approved and adopted by the Mental Health Sub-Committee. Before the end of the year negotiations were in progress to obtain the use of St. George's Hall, Mexborough, the Snaith Church of England (Aided) Secondary School and the Theosophical Hall, Harrogate, for use on a full time basis for group training purposes.

Royal Commission on the Law Relating to Mental Illness and Mental Deficiency 1954-57.

The Royal Commission was appointed by Royal Warrant in February, 1954, under the Chairmanship of Lord Percy of Newcastle and with the following Terms of Reference:—

"To inquire, as regards England and Wales, into the existing law and administrative machinery governing the certification, detention, care (other than hospital care or treatment under the National Health Service Acts, 1946-52), absence on trial or licence, discharge and supervision of persons, other than Broadmoor patients; to consider as regards England and Wales, the extent to which it is now, or should be made, statutorily possible for such persons to be treated, as voluntary patients, without certification; and to make recommendations."

The Commission held meetings on 44 whole days and 13 half days, of which 20 whole days and 12 half days were occupied in taking oral evidence. The Report of the Commission which was a unanimous one was presented to Parliament in May, 1957, and was published on the 29th May, 1957.

The Commission reviewed the circumstances in which mental patients might be compelled to enter and remain in hospital or under legal guardianship in the community, the circumstances in which they might enter hospital voluntarily, and the procedures for their admission and discharge. They also reviewed the division of functions in the mental health field between local authorities and hospitals, the development of local authority services, and links with education and child care services. Hospital administration and standards were outside their terms of reference.

The present law relating to mental illness and mental deficiency is based on the Lunacy Act, 1890 and the Mental Deficiency Act, 1913 when medical and social conditions were very different from those of today and although the law has been amended from time to time it is considered that the present legislation is so complex that the Commission recommend the repeal of the Lunacy and Mental Treatment Acts and Mental Deficiency Acts which should be replaced by a single new Act laying down the circumstances in which compulsory powers might be used in the future and the procedures to be followed. The main object of the changes recommended by the Commission is to place mental patients as far as possible on the same footing as patients with other forms of illness and disability, to bring administrative methods up to date and to revise the terminology used.

The following are among the main recommendations:—

(a) Community care and hospital treatment should be available to all patients who are content to accept it without compulsion. The law should no longer assume that procedures which authorise the patient's detention must be used unless the patient can make a valid written application for admission to a mental hospital. Admission without legal formality in the same way as to other hospitals and without power to detain, should be the normal course, except when the patient and/or his relatives are positively unwilling. This should allow many mentally defective patients and an even higher proportion of the mentally ill than at present, including many elderly senile patients, to receive treatment without "certification".

(b) Local authorities should be responsible for providing all types of community care (including residential care) for patients who either do not need hospital treatment or training or having received it are ready to return to the community. Such services should be considerably expanded.

(c) For general administrative purposes and for regulating the use of compulsory powers three main groups of patients should be recognised in future (mentally ill, psychopathic, severely subnormal) instead of two (mentally ill, mentally defective). This would abolish the use of the term "mental defectiveness", which at present covers a very wide range of types of disorder and has given rise to medical controversy and public misunderstanding. The severely subnormal group would include the majority of the patients at present classified as mentally defective who are subnormal in intelligence as well as defective in other ways. The psychopathic group would include the rest of the patients at present classified as mentally defective and some others who are not "certifiable" under the present law.

(d) Every effort should be made to persuade patients and their relatives to agree to care without compulsion. But if such efforts fail it should be possible to compel mentally ill and severely subnormal patients of any age and psychopathic patients under the age of 21 to enter hospital or legal guardianship in the community, if the use of compulsory powers is necessary for the patient's own welfare or for the protection of others, subject to the use of procedures containing some new safeguards against the misuse of such powers. The power to detain psychopathic patients should lapse at age 25 unless admission followed court proceedings.

(e) Psychopathic patients over the age of 21 should be liable to compulsory admission to hospital or guardianship only (a) for a period of not more than 28 days observation, or (b) after conviction for a criminal offence if ordinary penal measures are insufficient or inappropriate.

(f) The procedures which must be followed at present when compulsory powers are used are commonly known as "certification". Many people think that "certification" implies that the patient is permanently deranged or dangerous. This is not so. Compulsory powers have to be used, because of the nature of mental disorder, for many patients who are expected to recover quickly and perhaps completely, and from the medical point of view there is often no difference between the illness of certified and voluntary patients. The Commission recommend that the term "certification" should be dropped, and express the hope that the procedures to be followed when compulsory powers are used in future will be recognised by the public as a method of ensuring proper treatment for the patient for the duration of his illness or disability only, with no implications as to its probable length or cause.

(g) The procedures to be followed when compulsory powers are used should be the same for all types of patient instead of the present two separate legal codes for the mentally ill and the mentally defective.

(h) When compulsory powers are used in future there should (except in emergency) always be two medical recommendations before the patient's admission to hospital or guardianship, at least one being given by a doctor experienced in mental disorders and one, if possible, by a doctor who already knows the patient.

(i) Mental Health Review Tribunals should be set up on a regional basis so that patients and relatives can, if they wish, ask for an independent investigation into the need for their detention. The tribunals would have medical and non-medical members appointed by the Lord Chancellor in consultation with the Minister of Health, and would have power to discharge patients on specific occasions.

(j) There should be wider powers to discharge patients.

(k) Patients already in hospital when the new system comes into operation should be reviewed and as many as possible of those at present subject to compulsory powers should be decertified and remain to receive care and training on a voluntary basis. The Commission make no precise estimate of the number but expect it to be "considerable". Special arrangements are proposed for those whom it is considered necessary to continue to detain under compulsory powers.

(l) The Commission recommend that the functions of the Board of Control can now best be carried out in other ways, and that its existence as a separate department should be brought to an end. They express appreciation of the work done by the Board since it was set up in 1913.

The Report of the Commission, complete with recommendations was produced in a volume of 328 pages and was well publicised in the Press and in wireless and television programmes. The recommendations generally appear to have been very well received by all authorities concerned. The Home Secretary has stated that the Government have accepted the recommendations of the Royal Commission that the mentally ill should be treated in the same way as other ill people: that compulsion should only be used in rare instances: that the necessary legislation should be introduced, and that local authorities should provide more community care and it is anticipated that the time will not be long before the procedure for the admission of patients to mental deficiency institutions on an informal basis and without the need for the use of compulsory powers is brought into operation.

PART V

ENVIRONMENTAL HYGIENE

Food and Drugs Act, 1955

With the exception of the Municipal Boroughs of Batley, Castleford, Harrogate and Keighley, which are autonomous Food and Drugs Authorities, the County Council has carried out its obligations in the remaining districts as follows:—

The Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949-53.—Licensed establishments at the year end:—

PASTEURISED MILK

Busfield & Hargreaves, Rawson Dairy, Old Fold, Farsley, near Leeds.
Crawshaw, J., Blake Lea Dairy, 103 Arksey Lane, Bentley, near Doncaster.
Dobson's Dairies, Ltd., Coates Factory, Barnoldswick.
Doncaster Co-operative Society, Ltd., York Road, Doncaster.
Doxey, C., Armthorpe Dairy, Armthorpe, near Doncaster.
Goole Co-operative Society, Ltd., Centenary Road, Goole.
Harrison, R. H., Manor Farm, Conisbrough.
Ivanhoe Dairy, 37 Church Street, Conisbrough.
Kirkby Malzeard Dairy, Ltd., Kirkby Malzeard, near Ripon.
Mawer, J., & Sons, Glentworth House, Skellow, near Doncaster.
Mudd, Miss B. J., Aldborough Dairy, Aldborough, Boroughbridge.
Oates, J. E. & E., North Eastern Road, Thorne, near Doncaster.
Pontefract Industrial Co-operative Society, Ltd., Horsefair, Pontefract.
Rotherham Co-operative Society, Ltd., Progress Drive, Bramley, near Rotherham.
Salmon, P., Orchard House, Littlethorpe, near Ripon.
Stocksbridge Co-operative Society, Ltd., Shay House Lane, Stocksbridge, near Sheffield.
West Marton Dairies, Ltd., West Marton, Skipton.
Wharfedale Creamery Co., Ltd., 1 Bolton Bridge Road, Ilkley.
Whittaker's Wholesale Dairies, Ltd., 77 Tenter Balk Lane, Adwick le Street.
Wholesale Dairies (Rotherham and District), Ltd., Claypit Lane, Rawmarsh.
Windhill Co-operative Society Ltd., Thomas Place, Windhill, Shipley.

STERILISED MILK

Wholesale Dairies (Rotherham and District), Ltd., Claypit Lane, Rawmarsh.

Regular visits were made to licensed premises for the purpose of ascertaining whether the conditions attached to the licences were being observed and for checking the temperatures of milk under treatment, cleanliness of premises and personnel, etc., and in general to see that plant and other equipment were satisfactory.

Milk in relation to which the special designation "Pasteurised" is used shall be pasteurised, i.e.: (a) retained at a temperature of not less than 145°F. and not more than 150°F. for at least 30 minutes (the "Holder" system); (b) retained at a temperature of not less than 161°F. for at least 15 seconds (the "High Temperature, Short Time" system). Milk treated by either system must be immediately cooled to a temperature not exceeding 50°F. At the end of the year 8 plants were of the "Holder" type and 13 were "High Temperature, Short Time".

Pasteurised milk samples are subjected to the phosphatase and methylene blue tests. The former is to prove the efficiency of the treatment as to whether or not the milk has been properly pasteurised or whether any raw milk has become mixed after treatment. The methylene blue test shows the keeping quality of the treated milk.

Sterilised milk must be filtered or clarified, homogenised and heated to and maintained at such a temperature, not less than 212°F. for a period as to ensure its compliance with the prescribed turbidity test.

Samples obtained during the year, with results of examinations carried out by the Public Health Laboratory, Wakefield, are as set out below:—

	Number Obtained	Phosphatase Test		Methylene Blue Test		Turbidity Test	
		Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory
Tuberculin Tested (Pasteurised)	85	85	—	85	—	—	—
Pasteurised	416	413	3	416	—	—	—
Sterilised	25	—	—	—	—	25	—

Immediate investigations were carried out regarding the three unsatisfactory phosphatase results and the Senior Area Milk Officer of the Ministry of Agriculture, Fisheries and Food was informed in each instance. The Ministry of Agriculture, Fisheries and Food, Milk Products Division, was supplied with details of all sample reports as a routine measure each month. Copies of all reports were also forwarded to the Medical Officers of Health for the districts concerned.

The Public Health Laboratory, Bradford, has supplied copies of reports on samples of pasteurised milk obtained from producers licensed by the County Council and from dealers who obtain their supplies from them. During the year 146 samples were reported and all passed the phosphatase test. 138 passed the methylene blue test and the remaining 8 were "void" at the time of testing.

Sampling of Milk at Hospital Farms.—From March to November, at the request of the Ministry of Health, samples of milk are obtained at hospital farms. The list below gives details for the year under review:—

Hospital	Methylene Blue Test		Biological Examination (4 samples from each farm)	
	Number Obtained	Number Satisfactory	Tubercle	Brucella Abortus
Menston, near Ilkley	12	11	All Negative	All Negative
Scalebor Park, Burley in Wharfedale	12	11	All Negative	6th June—Agg. 1/160, Culture Pos. 11th Sept.—Agg. 1/80, Culture Pos. 11th Nov.—B/Ring test Pos. +3. Cream Culture B/A isolated.
Stansfield View, Todmorden	12	12	All Negative	All Negative
Stanley Royd, near Wakefield	12	12	All Negative	All Negative
St. John's, Keighley	12	11	All Negative	All Negative
Storthes Hall, Kirkburton	13	12	All Negative	All Negative

Again it is gratifying to note the absence of tubercle bacilli in these samples. The Ministry of Agriculture, Fisheries and Food (Animal Health Division) was informed of the results of the biological examinations. Copies of all reports were sent to the Ministry of Health, Leeds Regional Hospital Board, the appropriate Hospital Management Committees and the Medical Officers of Health concerned.

Specified Areas for the Sale of Milk.—Section 41 of the Food and Drugs Act, 1955, enables the Minister of Agriculture, Fisheries and Food and the Minister of Health to bring into operation by Order the provisions of sub-section 37 (1) of the said Act, relating to the compulsory use of special designations for retail sales of milk, in any area of England and Wales, in which it is then not in operation. The Section has the effect that only pasteurised, sterilised or tuberculin tested milk may be sold by retail in that area.

During the year two such Orders came into operation in the Administrative County and the County Public Health Inspectors made 876 visits to ascertain whether or not compliance was being given by milk retailers, catering establishments, shops, etc.

At the end of the year the following County Districts had been included in Specified Areas and the work entailed in carrying out the essential surveys has involved assistance by the Public Health Inspectors in the County Districts, to whom I express thanks for valued co-operation with the County Public Health Inspectors:

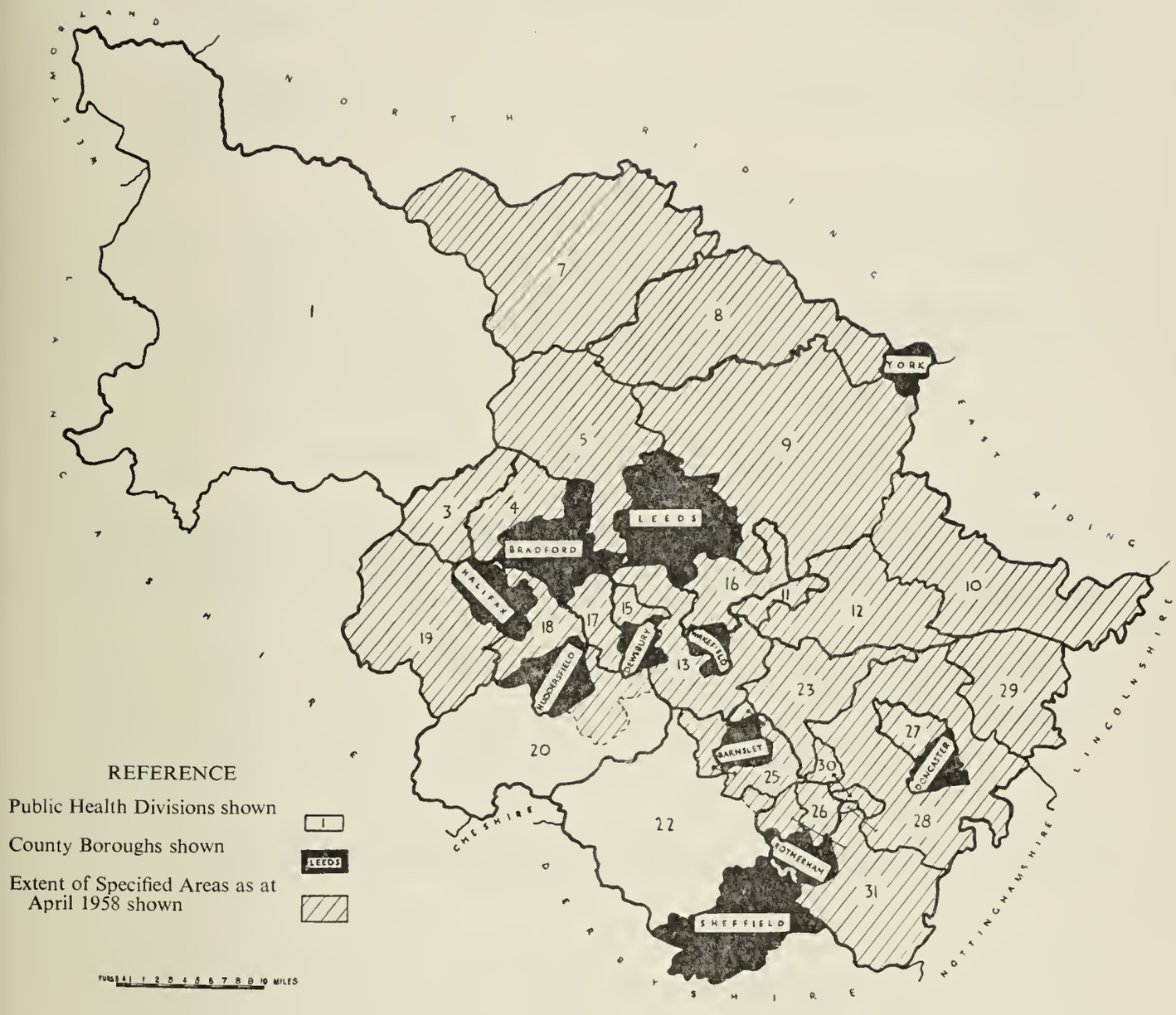
Municipal Boroughs: Batley, Brighouse, Castleford, Goole, Keighley, Morley, Ossett, Pontefract, Pudsey, Spenborough, Todmorden.

Urban Districts: Adwick le Street, Aireborough, Baildon, Bentley with Arksey, Bingley, Conisbrough, Cudworth, Darfield, Darton, Dearne, Denholme, Dodworth, Elland, Featherstone, Hebden Royd, Heckmondwike, Hemsworth, Horbury, Horsforth, Hoyland Nether, Ilkley, Kirkburton, Knottingley, Maltby, Mexborough, Mirfield, Normanton, Otley, Queensbury and Shelf, Rawmarsh, Ripponden, Rothwell, Royston, Selby, Shipley, Sowerby Bridge, Stanley, Swinton, Tickhill, Wath upon Dearne, Wombwell, Worsbrough.

Rural Districts: Doncaster, Goole, Hemsworth, Hepton, Kiveton Park, Osgoldcross, Rotherham, Selby, Thorne, Wakefield, Wharfedale.

During the latter part of the year eight other Districts were scheduled for inclusion in Specified Areas to become operative in mid-1958, bringing the total of County Districts included to 72 of the total 89.

COUNTY OF THE WEST RIDING OF YORKSHIRE



Map showing the extent of the Specified Areas as at 31st December, 1957, and including the Area scheduled during 1957 to operate early in 1958.

Div. No. 1 Skipton.
Div. No. 3 Keighley.
Div. No. 4 Shipley.
Div. No. 5 Horsforth.
Div. No. 7 Ripon.
Div. No. 8 Harrogate.
Div. No. 9 Wetherby.
Div. No. 10 Goole.
Div. No. 11 Castleford.
Div. No. 12 Pontefract.
Div. No. 13 Morley.
Div. No. 15 Batley.
Div. No. 16 Rothwell.
Div. No. 17 Spenborough.
Div. No. 18 Brighouse
Div. No. 19 Todmorden.
Div. No. 20 Colne Valley.
Div. No. 22 Wortley.
Div. No. 23 Hemsworth.
Div. No. 25 Barnsley.
Div. No. 26 Wath upon Dearne.
Div. No. 27 Adwick le Street.
Div. No. 28 Doncaster.
Div. No. 29 Thorne.
Div. No. 30 Mexborough.
Div. No. 31 Rotherham.

Sampling of Designated Milk in Specified Areas:—

	Satisfactory	Unsatisfactory
Tuberculin Tested (Pasteurised)	570	8
Pasteurised	514	3
Sterilised	162	—
Tuberculin Tested	614	62

Sampling of Raw Milk for the Presence of Tubercle.—876 samples were obtained and of this number 21 were reported as positive. Appropriate action was taken in each instance.

Ice-Cream.—The following table gives the numbers of manufacturers, retailers, etc., together with the number of inspections made during the year by the County District Public Health Inspectors:—

	Manufacturers	Producer-Retailers	Retailers	Inspections Made
Municipal Boroughs and Urban Districts	10	89	3,538	3,448
Rural Districts	1	26	969	1,127

The provisional grades of ice-cream are as follows:—

Provisional Grade	Time taken to decolourise Methylene Blue
1	$4\frac{1}{2}$ hours or more
2	$2\frac{1}{2}$ to 4 hours
3	$\frac{1}{2}$ to 2 hours
4	0

Numerous factors make it necessary for judgment to be based on a series of samples. Over a period, 50 per cent. should fall into Grade 1; 80 per cent. into Grades 1 and 2; not more than 20 per cent. into Grade 3; and none into Grade 4. Details of samples obtained and results of examinations are given below:—

	Grade 1	Grade 2	Grade 3	Grade 4
Municipal Boroughs and Urban Districts ..	838	110	46	41
Rural Districts	423	60	19	34
	1,261	170	65	75

The Food Hygiene Regulations, 1955.—During the financial year 1957/58, the following works of improvement were carried out by the School Meals Section of the Education Department:—

	Estimated Cost £
Provision and installation of 98 wash basins in schools and dining centres for the use of School Meals Service staffs	1,903
Provision and installation of 4 wash basins in school kitchens	51
Extension of hot water to wash basins in school cloakrooms where these can be used by School Meals Service staffs (9 schools)	249
Provision of 52 wardrobes for use by School Meals Service staffs	561
Minor Building Projects in the Authority's School Meals Minor Building Programme for 1957/58 which include works necessitated by the Hygiene Regulations, e.g. re-organisation of kitchens, improvement of washing-up facilities in schools and dining centres, installation of ventilating plant, partitioning of cloakrooms (77 projects)	20,294
	£23,058

During the year 2,214 premises in the County Districts received improvements and alterations, including the provision of hot and cold water supplies, hand-washing basins, additional washing-up facilities and the installation of cold storage equipment.

Other action taken by officers of the District Councils included: courses and lectures for food handlers, distribution of literature in connection with food hygiene, official surveys and inspections of food premises. Attention was also given to market stalls, mobile shops and snack bars.

Report of Analyst.—All County Inspectors of Weights and Measures are appointed Sampling Officers for the purpose of the above Act, and the work of sampling is carried out under the control of the Chief Inspector of Weights and Measures. Details of the work carried out under the Act are referred to in the Annual Report to the County Council of the Public Analyst, who has kindly consented to its inclusion in this Report:—

During the year, 3,634 samples were submitted by your Inspectors under the Food and Drugs Act, 1955. These are set out in the following categories:—

	Total Samples	*Adulterated or Below Standard*	*Percentage Adulterated or Below Standard*
Milk "Appeal to Cow"	31	—	—
Milk	2,482	94	3·8
Milk in Bottle	2	2	100·0
Milk, Channel Islands ..	88	0	Nil
Foods and Drugs ..	1,031	53	5·1
All Samples	3,634	149	4·1

Notes on Adulterated or Substandard Samples

The proportion of unsatisfactory samples is not abnormally high and is similar to that found by other Authorities.

Formamint Tablets.—These tablets are liable to lose some of their formaldehyde if stored for long periods. One sample contained only about one-third of the requisite amount of formaldehyde.

Grapefruit Juice.—One sample of tinned Grapefruit Juice was adversely reported because it contained an excess of tin.

Ice-Cream.—The Food Standards (Ice-Cream) Order lays down standards for the fat, sugar and non-fatty milk solids. Out of 46 samples, only three were unsatisfactory, two samples were below standard in fat. One sample was specially advertised as containing eggs; I found that this claim was not substantiated.

Non-brewed Condiment should contain at least 4 per cent. of acetic acid. Seven samples were examined, and only one sample was below standard.

Shredded Beef Suet is prepared by coating shreds of filaments of beef fat with flour, ground rice or similar starchy powder. The Food Standards (Suet) Order, 1952, requires a minimum of 83 per cent. of beef fat. One sample contained only 77·9 per cent. of fat.

Meat Products.—Potted Meat should consist essentially of minced cooked meat with its own juices and a little seasoning, whereas meat paste contains a substantial proportion of cereal or starchy filler. Two samples of potted meat were found to contain cereal and a correspondingly lower meat content; they should really have been sold as meat pastes.

Polony.—One sample was irregular because it contained sulphur dioxide preservative. The Public Health (Preservatives, etc., in Food) Regulations permit this preservative in uncooked sausages, and not in cooked meat products.

Sausages are still a source of contention. Public Analysts are pressing for a reintroduction of a standard for meat content; in the absence of a legal standard we continue to expect beef sausages to contain at least 50 per cent. and pork sausages at least 65 per cent. of meat.

Beef Sausage.—81 samples were tested; only one sample contained below 50 per cent. of meat. Seven samples were irregular in that they contained sulphur dioxide preservative without a proper declaration of the fact.

Beef and Pork Sausage.—6 samples were examined; one sample contained less than 50 per cent. of meat.

Pork Sausage.—60 samples were submitted; 23 samples were irregular; 18 samples contained less than 65 per cent. of meat, three of these also containing undeclared preservative. Five other samples contained preservative without proper notice.

Milk.—Out of 2,482 samples analysed, 94 were adulterated or sub-standard:—

70 were deficient in fat.

24 were adulterated with added water.

Channel Islands Milk is especially rich in cream, and is required to contain at least 4 per cent. of fat, whereas the standard for ordinary milk is 3 per cent. of fat.

It is noteworthy that all of the 88 samples received complied with the special standard.

Labelling.—Hundreds of labels and declarations of ingredients are examined annually to see whether they comply with the Labelling of Food Order. Only seven samples were found to be incorrectly labelled:—

"*Energy Food*".—2 samples of a proprietary brand of a glucose spread were unsatisfactory because the proportions of vitamins were not declared in proper form.

Caps. Liq. Vit. A et D. Conc. Min. 3 Caps. Ol Hippoglossi. Min. 3.—A sample was taken from a bottle with this cryptic label. Upon analysis it was decided that the latter part of the name, i.e. Caps. Ol. Hippoglossi. Min. 3 (meaning that each capsule contains 3 minims of Halibut Liver Oil) was the correct description. It appears that the vendor applied two labels with quite different meanings to one container of capsules.

Marzipan.—Two samples of marzipan bore labels which did not correctly describe the proportion of ingredients.

Glycerin, Oil of Lemon & Tinct. Ipecac: the sample was correct in composition, but the label was not in correct form.

Tea.—Out of 16 samples, only one was adversely reported: on the label was the statement "one spoonful of this tea is equal to two spoonfuls of ordinary large leaf tea." Since the tea was normal in composition, colour of extract, flavour of infusion, etc., the label was reported as misleading. The packers explained that they were using up a stock of old packets which carried the offending statement, and were obliterating it as they used them. Unfortunately they had omitted to delete the statement on a small consignment of the tea.

Foreign Bodies in Food.—It is difficult to decide whether in these days food handlers are more careless, or whether the public is becoming more alert to the detection and reporting of "foreign bodies" in food. Certain it is that we hear more about these unwelcome objects than we used to do. Four samples were brought in for identification:—

Part of a sliced loaf contained folded notepaper, obviously a letter written in ink. The slicing machine had cut through the letter in several places.

A bottle of milk contained particles of coal ash.

Another bottle of milk contained particles of soot entangled in the cream layer.

A portion of fish cake was submitted with a horrible black "foreign body" embedded in its substance. This had been thought to be a beetle, or else a piece of cloth. On microscopical examination we found that it was only a piece of fish skin, its appearance having been altered by cooking.

A scheme is in operation whereby the County Council pays the fees of the Public Analyst for all samples of milk taken by Sampling Officers of West Riding County District Councils in accordance with regulations made under the scheme, and also conducts all legal proceedings and defrays all consequential legal expenses. The number of samples of milk submitted for analysis under the scheme in 1957 was 228 of which only 4 were found to be adulterated.

Supply of Milk to School Children

(Milk-in-Schools Scheme)

Of the 1,366 schools supplied, 1,336 received pasteurised milk, 29 Tuberculin Tested and 1 ordinary.

	Total	Samples Obtained Satisfactory	Unsatisfactory
Pasteurised	470	456	14
Tuberculin Tested	76	61	15
Ordinary	7	6	1
	553	523	30

Of the 14 unsatisfactory pasteurised milk samples it is recorded that 13 failed the methylene blue test whilst the phosphatase tests were good, the reason no doubt being through adverse atmospheric conditions. One sample failed both tests.

All non-pasteurised milk samples were subjected to biological examination and in every case a negative result was received.

Diseases of Animals Act, 1950

The Tuberculosis (Yorkshire Eradication Area) Order, 1957.—This Order which came into force on the 1st March, 1957, dealt with the control of tuberculosis and allowed for prohibiting or regulating the movement of cattle into, out of, or within the area.

The Tuberculosis (North-West England Attested Area) Order, 1957.—This Order which came into force on the 1st October, 1957, revoked the above Eradication Area Order. The provisions of this Attested Area Order include, amongst other things, a prohibition against movement of cattle into the Area except under licence or on certain transit journeys.

The following West Riding County Districts are included in this Order:—

The Borough of Harrogate.

The petty sessional divisions of Bowland, Staincliffe West, Staincliffe East and Ewecross.

In the petty sessional division of Ripon Liberty, the parishes of Grewelthorpe, Kirkby Malzeard, Azerley, Laverton, Skelding, Winksley, Aldfield, High and Low Bishopside, Eavestone, Grantley, Sawley, Warsill, Bishop Thornton, Markington with Wallerthwaite, Thruscross, Stonebeck Up, Stonebeck Down, Fountains Earth, Bewerley, Thornthwaite with Padside, Dacre, Hartwith cum Winsley, Menwith with Darley, Birstwith and Clint.

In the petty sessional division of Claro, the parishes of Felliscliffe, Hampsthwaite, Haverah Park, Pannal, Rigton, Weeton, Ripley, Killinghall, Follifoot, South Stainley with Cayton and Nidd.

In the petty sessional division of Wetherby, the parishes of Kirkby Overblow, Kearby with Netherby and Harewood.

In the petty sessional division of Otley, the parishes of Nessfield with Langbar, Blubberhouses, Fewston, Great Timble, Little Timble, Norwood, Middleton, Denton, Askwith, Weston, Newall with Clifton, Lindley, Stainburn, Ilkley, Farnley, Leathley, Castley, Pool, Bramhope and Arthington and so much of the parish of Otley as lies to the north of the River Wharfe.

Shops Act, 1950

Details of visits made under Section 38 and unsatisfactory conditions found are given in the following table:—

	Visits Made	Unsatisfactory conditions found	Remedied
Municipal Boroughs and Urban Districts	3,430	162	142
Rural Districts	807	33	33

Atmospheric Pollution

The County Council is represented on the West Riding Clean Air Advisory Council by an Alderman and the Chief County Public Health Inspector, who is a co-opted member.

Meetings of the Council held in various districts throughout the County were regularly attended, including visits to premises for discussions regarding smoke abatement problems in general.

The County Council's scheme for the measurement of atmospheric pollution has continued throughout the year in co-operation with the Department of Scientific and Industrial Research, Medical Officers of Health and Public Health Inspectors in certain County Districts. The results of analyses in connection with deposit gauges and lead peroxide instruments, together with the average daily suspended impurity as measured by the daily smoke filters are shown in the following table:—

Situation of Instruments	Deposit Gauge				Sulphur Measurements by Lead Peroxide Method	Situation of Daily Smoke Filter	Average Daily Suspended Impurity expressed in milligrams per cubic metre
	Rainfall in inches		Total solids deposited in tons per sq. mile				
	Monthly Average	Total*	Monthly Average	Total*	Milligrams SO_3 per 100 sq. cms. per day – average		
†Settle—Malham Tarn Field Centre, open country.	3·91	11·72 for 3 months	8·11	24·34 for 3 months	0·65 for 3 months	‡Malham Tarn Field Centre, open country.	0·029 for 2 months
Skipton—Behind Town Hall in industrial and residential area.	3·27	35·94 for 11 months	20·49	225·44 for 11 months	1·17 for 11 months		
Keighley—Abattoir, Hardings Road in mainly open country.	2·42	29·00	15·74	188·84	1·80	First floor of Public Health Dept., in a built-up area in centre of town.	0·158
Keighley—Oldfield, Oakworth in windy moorland country.	2·61	31·30	14·12	169·48	1·57		
Keighley—Low Bridge, dense industrial area.	2·06	20·58 for 10 months	15·91	159·12 for 10 months	1·79		
Keighley—Library, built-up area in centre of town.	2·48	29·79	16·90	202·82	2·49		
Bingley—St. Ives Research Station in parkland and residential area.	2·77	33·29	10·72	128·67	1·24	St. Ives Research Station, in parkland and residential area.	0·073
Bingley—Town Hall in manufacturing and residential area.	2·66	31·92	11·95	143·45	0·90		
Shipley—Somerset House Clinic in manufacturing and semi-residential area.	2·32	27·89	14·94	179·31	1·35		
Aireborough—Yeadon Moor, Yeadon Waterworks. Agricultural N.W. to S.E., manufacturing S.E. to W.	2·11	23·17 for 11 months	12·81	140·87 for 11 months	1·87	Public Health Inspector's Office, Yeadon High Street, residential to W., open country to E.	0·105 for 9 months
Horsforth—Broadgate Walk, residential area.	2·30	27·54	15·45	185·37	1·75		
Otley—Nursery Gardens, Westgate, manufacturing and semi-residential.	2·47	29·66	12·88	154·56	0·88	First floor of Council Offices, in town centre, mainly manufacturing.	0·112
§Ripon—Corporation Depot, Low St. Agnesgate, residential and industrial area.	2·24	26·85	9·67	116·00	1·02	Health Dept., High Skellgate, in centre of country town.	0·166
Harrogate—Roof of Municipal Offices, residential and commercial. Inland Spa.	2·52	27·69 for 11 months	8·56	94·12 for 11 months	1·42	Laboratory, Royal Baths. Inland Spa.	0·093
Wetherby—Council Offices, residential, surrounded by open country from ½ to ¾ mile distant.	2·28	27·34	9·37	112·43	0·85	Council Offices, residential, surrounded by open country from ½ to ¾ mile distant.	0·073 for 11 months
Goole—Health Centre, Bartholomew Avenue, residential and industrial.	1·40	16·81	8·96	107·51	1·44	Div. Health Office, in residential and industrial area.	0·152 for 8 months

* For period of full year unless stated otherwise.
† Observations commenced on 1st October, 1957.
‡ Observations commenced on 1st November, 1957.
§ The instruments were previously at Engineer's Depot, and were moved to present site on 1st August, 1957.

Situation of Instruments	Deposit Gauge				Sulphur Measurements by Lead Peroxide Method	Situation of Daily Smoke Filter	Average Daily Suspended Impurity expressed in milligrams per cubic metre
	Rainfall in inches		Total solids deposited in tons per sq. mile				
	Monthly Average	Total*	Monthly Average	Total*	Milligrams SO_3 per 100 sq. cms. per day – average		
Castleford—Roof of Marks and Spencer's shop, Carlton Street, in centre of industrial town.	2·00	24·04	15·04	180·51	2·42	First floor of Div. Health Office, in residential area.	0·220
Castleford—Roof of Cleansing Station, Cinder Lane, manufacturing area. Chemical works immediately adjacent.	1·78	19·57 for 11 months	18·15	199·62 for 11 months	3·26		
Castleford—Corpn. Pumping Station, Ings Lane, manufacturing area.	1·77	21·25	17·33	207·94	2·24		
Castleford—Corpn. Housing Depot, Redhill Road, Airedale. Industrial and residential area.	1·83	21·99	10·07	120·87	2·27		
Horbury—Carr Lodge Park, residential and manufacturing to north, open country to south.	1·89	22·62	13·03	156·39	1·82 for 11 months	Sewage Works, ¾ mile south of town centre, north manufacturing and residential, south open country.	0·184
†Morley—Public Health Inspector's Dept., Commercial Street, residential, commercial and manufacturing.	2·28	27·37	15·09	181·09	1·63 for 11 months	Public Health Inspector's Dept., Commercial Street, residential, commercial and manufacturing.	0·192
Batley—Public Health Dept., Market Place in centre of mixed residential, commercial and manufacturing area.	2·25	26·98	20·45	245·40	1·99	Public Health Dept., Market Place in centre of mixed residential, commercial and manufacturing area.	0·257
Rothwell—Central Clinic, Oulton Lane, residential.	2·24	26·90	14·30	171·61	1·78	Div. Health Office, Oulton Lane, residential.	0·212
Spenborough—Corpn.'s Depot, Marsh. North, south and west—manufacturing area, open country to east.	2·23	26·80	15·07	180·80	2·19	Div. Health Office, Elm Bank, in industrial and manufacturing area.	0·242
Elland—"Ellen Royd," Public Library in manufacturing area.	2·38	23·80 for 10 months	11·19	111·85 for 10 months	1·71	First floor of Council Offices, in manufacturing area.	0·196 for 11 months
Hebden Royd—Redacre Sewage Works, Mytholmroyd, residential and manufacturing area, open country to north.	3·24	38·91	13·46	161·50	1·61	Redacre Sewage Works, Mytholmroyd, residential and manufacturing area, open country to north.	0·164
Colne Valley—Sewage Works, Slaithwaite, in mixed residential and textile manufacturing district.	3·46	41·48	16·96	203·50	2·05	Town Hall, Slaithwaite, in mixed residential and textile manufacturing district.	0·208
Colne Valley—Marsden Park, residential and manufacturing area.	3·65	43·75	16·30	195·59	1·37		

* For period of full year unless stated otherwise.
† The instruments were previously at the Co-operative Society premises, and were moved to present site on 1st July, 1957.

Situation of Instruments	Deposit Gauge				Sulphur Measurements by Lead Peroxide Method	Situation of Daily Smoke Filter	Average Daily Suspended Impurity expressed in milligrams per cubic metre
	Rainfall in inches		Total solids deposited in tons per sq. mile				
	Monthly Average	Total*	Monthly Average	Total*	Milligrams SO_3 per 100 sq. cms. per day · average		
Holmfirth—Sewage Works, Neiley, Brockholes, residential and manufacturing.	2·53	30·32	10·31	123·73	1·03		
Saddleworth—Sewage Works, Shaw Hall Bank, Greenfield, residential, manufacturing and commercial.	3·06	36·77	13·27	159·29	1·67	Sewage Works, Shaw Hall Bank, Greenfield, residential, manufacturing and commercial.	0·148
Wortley—Hallwood Hospital grounds, Grenoside, open country and woodland.	2·05	22·55 for 11 months	9·54	104·94 for 11 months	0·92	Health Department, Council Offices, Grenoside, industrial and manufacturing area.	0·196 for 11 months
Hemsworth—Vale Head Park, parkland, surrounded by open country.	2·01	22·13 for 11 months	13·19	145·11 for 11 months	1·51	Div. Health Office, Adiscombe House in residential district.	0·221
Darton—Grounds of Council Offices, semi-residential, colliery district. Coke by-product plant 1 mile to S.E.	1·93	23·18	10·18	122·12	1·12	Council Offices, semi-residential, colliery district. Coke by-product plant 1 mile to S.E.	0·145
Wombwell—The Gables, semi-residential, colliery district.	1·90	22·78	13·42	161·03	1·59	The Gables, semi-residential, colliery district.	0·281
Rawmarsh—Roof of Clinic, Barbers Avenue, residential and industrial.	1·70	20·34	19·29	231·49	2·24	Public Health Inspector's Office, in centre of residential and industrial area.	0·422
Rawmarsh—Grounds of Granby House, Aldwarke Road. Blast furnaces 200-300 yards distant.	1·72	20·63	66·49	797·91	4·02		
Bentley with Arksey—Bentley Park, Askern Road, semi-residential, colliery district.	1·93	23·12	13·29	159·42	1·42	Council Offices, in centre of semi-residential area, colliery district.	0·193
Doncaster—Between Church and Vicarage, Askern. Industrial and residential, colliery district.	2·04	24·43	27·08	324·92	1·52		
Thorne—Grounds of Council Offices, semi-residential, colliery district.	1·95	23·39	12·21	146·54	1·04	Council Offices, semi-residential, colliery district.	0·111
						Maltby—Council Offices, one mile west of town centre, semi-residential, colliery district.	0·123

* For period of full year unless stated otherwise.

Situation of Volumetric Sulphur Dioxide Apparatus	Sulphur Measurements by Volumetric Method
	SO_2 in parts per million—daily average
Hebden Royd—Redacre Sewage Works, Mytholmroyd, residential and manufacturing area, open country to north.	0·037
Aireborough—Public Health Inspector's Office, Yeadon High Street, residential to W., open country to E.	0·015 for 9 months

Atmospheric Pollution Survey in relation to Cancer.—The rapid increase in death rates from lung cancer during the last twenty to twenty five years has led to various searches for possible environmental causes. Two sources of carcinogenic material have been suggested—tobacco smoke and atmospheric pollution—and our present knowledge suggests that each contributes in some way to the initiation of cancer of the lung and bronchus.

In an attempt to evaluate the effects of tobacco smoking and air pollution by benzpyrene acting together, Dr. Percy Stocks, Senior Research Fellow, British Empire Cancer Campaign, has been undertaking a survey of cancer throughout Liverpool Hospital Region and North Wales. As part of the survey the concentration of smoke and of 3:4—benzpyrene, other polycyclic hydrocarbons, and sulphur dioxide in the atmosphere at various sites was measured over a period of two years. These results were then compared with death rates from cancer of the lung and bronchus of men of different smoking habits in the areas. Preliminary conclusions appear to be tenable but further research is required before they are substantiated.

During the year the area of study was extended and, with the co-operation of the District Councils, and the Medical Officers of Health, instruments for recording specific atmospheric pollution were installed at Elland, Keighley, Ripon and Wetherby.

The scheme provides for two filters operating side by side, a low speed and a high speed, which, apart from the pumping rate, are similar to the normal daily smoke filters. The low speed filter is designed to yield a filter stain which will provide for the assessment of weight of smoke in the air and the examination for carcinogenic substances. The high speed filter, having a pumping rate six times greater than the low speed filter, provides a heavily loaded filter stain on which the spectrographic analysis for trace elements may be carried out. The low speed filters commenced operating in December followed by the high speed filters in February, 1958.

It is intended that the filters should operate at their present sites for two years and it is hoped that the knowledge gained will assist in the conquest of lung cancer.

Smoke Abatement.—The County District Councils are responsible for dealing with nuisances arising from smoke emission and the following tables show the work carried out during the year.—

	Number of observations each of 30 minutes duration	Number of these showing excessive emission of smoke	Number of cautions issued	Number of statutory notices issued	Number of prosecutions	Byelaws in force	Districts with colliery spoilbanks	Districts in which firing of colliery spoil-banks reported.
Municipal Boroughs and Urban Districts	2,599	307	296	9	—	40	29	13
Rural Districts	83	24	18	1	—	4	9	6

MUNICIPAL BOROUGHS AND URBAN DISTRICTS:

Action Under The Clean Air Act, 1956

Adwick le Street — Colliery tips have been under close observation for many years. Steam raising plant at two collieries was mechanised several years ago.

Aireborough — Smoke Control Area No. 1 (comprising 530 houses) declared and provisional clearance received from Ministry of Housing and Local Government. Smoke Control Area No. 2 (comprising some 650 houses) has been declared in principle by the Council. Section 24 adopted re new heating and cooking arrangements in new buildings.

Bentley with Arksey — Interviews with Managements of colliery and other commercial firms.

Bingley — Adoption of Bye-laws re installation of smokeless appliances in new buildings. Lectures on Clean Air.

Brighouse — Preliminary work for publicity and courses in 1958. This work has been retarded by shortage of Public Health Inspectors. Building Bye-laws amended regarding approved appliances in new buildings.

Castleford — Special Report presented by Public Health Inspector.

Colne Valley — Building Bye-laws made under Section 61, Public Health Act, 1936, and Section 24, Clean Air Act, 1956.

Conisbrough — Atmospheric pollution recording is undertaken. Building Bye-laws have been amended as recommended by the Minister. Approval of boilers and equipment has been invoked upon two occasions in the year.

Darton — Became member of the West Riding Clean Air Advisory Council. Several meetings attended by delegates. Council dealt with subsequent reports of delegates and discussed possible application of the Act relating to Smoke Control Areas.

Municipal Boroughs and Urban Districts:	*Action Under The Clean Air Act*, 1956
Dearne	Meetings of several local authorities in South Yorkshire called by the Urban Council to inaugurate a common policy to abate nuisances from colliery spoilbanks. Addition to the Building Bye-laws, 1953, Part IV A—Smoke prevention, (Section 61, Public Health Act, 1936 and Section 24, Clean Air Act, 1956).
Denby Dale	Bye-law made under Section 61, Public Health Act, 1936 and Section 24, Clean Air Act, Smoke Prevention. Into operation 1st February, 1958.
Denholme	Council represented on the West Riding Clean Air Advisory Council.
Earby	Lectures and film shows arranged for manufacturers, engineers and stokers re smoke emission.
Elland	Two factories installed chain grate stokers. A sum allowed in estimates for propaganda and Clean Air publicity.
Garforth	All Council premises converted to smokeless fuel burning appliances.
Goole	Smoke Control Area under consideration.
Harrogate	Addition of Building Bye-laws regarding smoke prevention.
Hebden Royd	Building Bye-laws amended in accordance with Section 24 of the Act.
Hemsworth	Informal action with representative of National Coal Board with regard to colliery chimneys at Fitzwilliam, and with Coke Oven Battery Management at Fitzwilliam regarding emission of fumes.
Holmfirth	One prior approval of new furnace under Section 3.
Horbury	Adoption of Bye-laws (Smoke Prevention), 1.11.57.
Hoyland Nether	Two Daily Smoke Filter and Volumetric Sulphur Dioxide Stations set up. Council has become a member of Standing Conference of Co-operating Bodies, D.S.I.R.
Keighley	Building Bye-laws incorporating Model Bye-law re fireplaces adopted.
Kirkburton	Informal action. Spoilbanks being sprayed continuously.
Knaresborough	Model Bye-law adopted for new buildings.
Knottingley	Adoption of Model Bye-law. Submission in draft of England Lane Smoke Control Area for approval in principle.
Maltby	Council is constituent member of West Riding Clean Air Advisory Council. Much local publicity given to provisions and requirements of the Act.
Meltham	Complete survey of all industrial fuel burning plant. All firms asked to prepare for coming into force of remainder of Clean Air Act. Section 24 adopted.
Mexborough	Surveys of industrial plant.
Mirfield	Adoption of Bye-laws.
Morley	A detailed survey being made of the extent of smoke emission from all industrial chimneys in the area and a special Smoke Abatement Advisory Committee set up to deal with the matter. Discussions taking place on the setting up of a Smoke Control Area.
Ossett	Smoke Control Area consisting of new Council Estate (180 houses).
Pontefract	Council gave consideration to this Act and decided:—(a) To make Bye-laws for smoke prevention, (b) To review appliances in buildings under their own control, and (c) To make in due course, if practicable, a Smoke Control Area. Bye-laws adopted Sections 61, Public Health Act and 24, Clean Air Act.
Queensbury and Shelf	A Sub-Committee was formed to examine the implications of the Act, and to make recommendations as to Smoke Control Areas.
Rawmarsh	Bye-laws adopted, otherwise no action. Council are constituent members of the Sheffield Clean Air Committee and these powers in connection with industrial smoke are delegated to the Committee. Additional Building Bye-law, Smoke Prevention.
Ripon	Agreement to co-operate in publicity campaign Autumn, 1958.
Ripponden	Approved fuel appliances are insisted upon in all reasonable circumstances.
Rothwell	All proposals for new buildings have been examined, plans invited and examined before approval. Health Committee recommended to Building Committee that amendment to Building Bye-law under Section 24, Clean Air Act, be adopted.
Saddleworth	Smoke Control Area comprising 402 premises submitted to Minister for confirmation.
Shipley	219 houses inspected as sample survey prior to representation to Council of recommendations regarding the establishment of Smoke Control Areas in the West Ward of the District. Bye-laws adopted for preventing domestic smoke.

	Action Under The Clean Air Act, 1956
MUNICIPAL BOROUGHS AND URBAN DISTRICTS:	
Silsden	Consideration given to methods to be adopted to give publicity in the District to the provisions of the Act.
Sowerby Bridge	Position under review at the year end.
Spenborough	Survey of all Local Authority Plant. Adoption of Model Bye-law under Section 24. Medical Officer of Health directed to submit proposals for the creation of Smoke Control Areas in the Borough. Adoption of Section 24 relating to heating and cooking appliances in new buildings.
Stocksbridge	Adoption of Section 24 (Smoke Prevention).
Tickhill	No special problems in this District.
Todmorden	Council proposing to make Smoke Control Areas.
Wath upon Dearne	Council agreed to adoption of Model Building Bye-laws requiring smokeless fuel burning appliances in new buildings. Consideration given to establishment of Smoke Control Area.
Wombwell	Managements interviewed and advised on methods to be adopted.
Worsbrough	Council have accepted in principle the establishment of a Smoke Control Area, consisting of 250 premises and this has been submitted to the Ministry, also included in Building Bye-laws the requirement that new houses shall have smokeless fuel grates.
RURAL DISTRICTS:	
Hemsworth	Arrangements made for future tipping of colliery spoil.
Osgoldcross	Amendment to Building Bye-law made.
Penistone	Council in negotiation with neighbouring local authorities with a view to forming a Clean Air Campaign.
Rotherham	Extension of Building Bye-laws to enforce installation of smokeless fuel burning grates in new dwelling houses.
Selby	Amendment of Building Bye-laws.
Tadcaster	Council is member of the West Riding Clean Air Advisory Council.
Wetherby	Apart from action informally in respect of domestic premises and encouragement to install firegrates capable of using smokeless fuel, no action required.
Wortley	Smoke Control Orders to be submitted to Minister in respect of (a) Oughtibridge Village—700 houses, industry, and business premises etc., (b) Land at Burncross, Chapeltown, to be developed by Council for 240 houses. Preliminary work in respect of (a) commenced at year end. Building Bye-law—Section 61, Public Health Act, 1936, and Section 24, Clean Air Act, 1956 in respect of Arrangements in Buildings for Preventing Smoke.

Sanitary Circumstances

Housing.—In the 68 Municipal Boroughs and Urban Districts there were 398,084 dwelling houses and in the 21 Rural Districts 138,598, giving a total of 536,682.

Details of new houses completed during the year are as follows:—

	Local Authority	Private Enterprise	Totals
Municipal Boroughs and Urban Districts	3,562	2,233	5,795
Rural Districts	1,235	1,417	2,652

HOUSING CONDITIONS.—As in former years several requests for assistance in housing problems were received from persons in the County Districts and in every case these were referred to the districts concerned. Special emphasis was made in the case of any member of a family suffering from tuberculosis.

The following table shows action in connection with the Housing Acts in the Administrative County:—

	Unfit Houses	Houses not in all respects reasonably fit for habitation	Demolition Orders made	Houses demolished following Demolition Orders	Closing Orders made	Number of cases of overcrowding at end of year	New cases reported during the year	Cases of overcrowding relieved during the year	Number of defective dwelling houses rendered fit in consequence of Informal Action by District Council Officers
Municipal Boroughs and Urban Districts	4,536	11,226	729	561	303	1,677	365	492	13,342
Rural Districts	1,870	2,376	333	136	47	1,089	273	183	2,166

	Municipal Boroughs and Urban Districts	Rural Districts
Number of Clearance Areas represented during the year ..	155	60
Number of houses included in these areas	1,986	358
Number of persons to be displaced	5,105	846
Action taken during the year in respect of Clearance Areas:		
(a) by Clearance Orders, number made	120	52
(b) by Compulsory Purchase Orders, number made ..	15	4
Number of houses in Clearance Areas demolished during the year	1,009	141
Number of persons re-housed from houses demolished during the year	2,650	390

In Brighouse Borough, 15 families (39 persons) were rehoused from a Clearance Area, the houses not yet demolished.

Municipal Boroughs and Urban Districts:	*Details of Advances for the purpose of acquiring or constructing houses*	*Details of Grants for conversion of buildings into houses, or for altering, enlarging, repairing, or improving houses*
Adwick le Street	—	3 houses.
Aireborough	68 advances made.	49 grants approved totalling £8,549.
Baildon	—	12 applications received, 10 granted, value of grants approved £1,028.
Barnoldswick	—	15 grants, £1,431.
Batley	222 advances amounting to £115,601.	28 grants amounting to £2,065.
Bentley with Arksey	49 houses acquired, £47,260, 3 houses built, £3,090.	—
Bingley	—	53 completed and paid for.
Brighouse	—	Not operated since November, 1956.
Castleford	—	66 applications, 63 approved: total grants approved £10,231, grants paid out £2,186.
Colne Valley	—	39 improvement grants approved. 39 improvement grants completed.
Conisbrough	7 for acquiring houses.	3 improvement grants given.
Cudworth	—	Council entered into negotiations with the owner to acquire 9 houses with intention to improve by state grants.
Darfield	6 loans advanced to acquire houses.	4 grants.
Darton	£8,665.	16 grants.
Dearne	—	10 grants, 2 not proceeded with.
Denby Dale	10 advances approved for acquiring houses.	—
Denholme	—	Grants of £150 and £185 in respect of two properties approved.
Dodworth	—	4 grants.
Earby	20 advances for acquiring houses.	3 grants approved.
Elland	—	38 improvement grants made.
Featherstone	—	£1,257 for 13 houses.
Garforth	172 advances.	—
Goole	—	58 grants totalling £6,259.
Harrogate	—	23 new dwellings by conversion, amount of grant £4,601. 43 improved dwellings, amount of grant £4,806.
Heckmondwike	24 advances made (Section 4, Housing Act, 1949).	9 improvement grants made.
Holmfirth	2 advances.	10 applications—4 rejected, 4 approved, 2 deferred.
Horbury	—	12 grants.

Municipal Boroughs and Urban Districts:	*Details of Advances for the purpose of acquiring or constructing houses*	*Details of Grants for conversion of buildings into houses, or for altering, enlarging, repairing, or improving houses*
Horsforth	41 loans advanced in full, £45,010. 1 loan by instalment, £640. 3 loans applications refused.	15 grants, amount £2,318.5.0d. 1 application refused.
Hoyland Nether	—	16 improvement grants, £2,261.10.0d.
Keighley	—	112 grants approved.
Kirkburton	—	13 applications considered, 11 granted.
Knaresborough	1 application for advance.	11 applications, 9 approved.
Knottingley	—	10 grants.
Maltby	Construction of 3 new houses and acquiring 6 existing houses, £12,537.	Improvements to 7 houses, £936.
Melthan	—	3 applications, 3 approved. Amount authorised £457. 8 completed—amount paid out £926.
Mexborough	60 advances for acquiring houses.	14 grants for improving houses.
Mirfield	15 advances.	12 grants.
Morley	22 advances for house purchase.	6 grants approved.
Normanton	—	6 grants recommended.
Ossett	Small Dwellings Acquisition Acts, 36. Guarantees to Building Societies, 19.	12 grants.
Otley	—	17 grants made.
Pontefract	—	1 grant—£271.
Pudsey	—	36 grants.
Queensbury and Shelf	—	Grants offered in respect of 21 houses to the extent of £4,035.10.0d. 17 completed.
Rawmarsh	6 advances.	17 formal applications for improvement grants approved. Preliminary application for grants approved for 33 houses, 2 refused.
Ripon	1 advance for house purchase	10 applications granted.
Ripponden	—	2 applications for improvement grants approved.
Rothwell	58 applications, 57 approved, 51 completed.	50 per cent. of approved cost granted in each approved case.
Saddleworth	4 advances—£3,344.	17 grants—£1,276.
Selby	22 advances.	10 grants made.
Shipley	—	32 grants.
Silsden	—	17 grants.
Skipton	—	4 houses totalling £710.
Sowerby Bridge	—	22 applications, 16 granted, 4 rejected, 2 withdrawn.
Spenborough	—	46 applications, 12 refused. Approved grants totalled £2,797.10.0d.
Stanley	—	10 grants.
Stocksbridge	7 advances for constructing new houses. 48 advances for acquiring existing houses.	16 improvement grants affecting 17 dwellings approved.
Swinton	—	11 premises subject to improvement grant.
Todmorden	—	34 applications for improvement grants considered. 33 were approved and 1 refused, not eligible.
Wath upon Dearne	—	25 houses where improvements completed. £2,869.6.11d. for grants for year ended 31.3.58.
Wombwell	—	Grants made in 26 cases.
Worsbrough	Advances to 29 persons to acquire houses.	7 improvement grants made.

Rural Districts:	*Details of Advances for the purpose of acquring or constructing houses*	*Details of Grants for conversion of buildings into houses, or for altering, enlarging, repairing, or improving houses*
Bowland	—	Grants approved in 8 cases. Grants paid in 11 cases.
Doncaster	34 advances.	64 grants.
Goole	—	22 grants.
Hemsworth	—	28 grants affecting 302 properties.
Hepton	—	5 grants for improvements.
Kiveton Park	9 advances.	48 grants.
Nidderdale	—	46 grants approved, 42 completed. £6,985.
Osgoldcross	3 advances.	10 grants.
Penistone	5 advances totalling £1.538 approved.	18 improvement grants totalling £4,361.16.2d. approved.
Ripon and Pateley Bridge	1 advance.	41 grants.
Rotherham	19 advances.	67 grants.
Sedbergh	—	6 applications approved—£892.
Selby	6 advances made totalling £4,850.	8 grants approved totalling £1,234.
Settle	—	28 applications for grants approved involving £6,640. 22 schemes completed.
Skipton	—	Expenses approved, £16,349.15.6d. Grants approved, £5,434. Grant paid, £4,048.
Tadcaster	62 advances—27 for new houses and 35 for existing houses.	60 applications received and 55 approved. 48 houses improved, 5 adaptations to form 5 additional dwellings completed.
Wakefield	23 advances for acquiring or constructing houses. 7 advances for improvement.	32 grants.
Wetherby	15 properties—£17,555.	Grants in 87 cases.
Wharfedale	—	7 grants. 9 claims paid.
Wortley	This Section is operated to a limited extent in connection with loans for house purchase and construction together with the Small Dwellings Acquisition Acts.	Applications deferred from 1956—8. Approved in 1957—2. Refused in 1957—1. Withdrawn in 1957—5. Applications in 1957—21 involving 25 houses. Approved in 1957—12 involving 12 houses. Refused in 1957—1 involving 1 house. Withdrawn in 1957—1 involving 1 house. Deferred in 1957—7 involving 11 houses. Schemes approved 1955 and complcted in 1957—2 involving 2 houses. Schemes approved in 1956 and completed in 1957—4 involving 5 houses. Schemes approvcd in 1957 and completed—5 involving 5 houses.

Housing (Rural Workers) Acts, 1926-42.—The County Public Health Inspectors made 195 inspections at cottages for which grants have been given under the above Acts.

The inspections dealt with the matters of tenancies, rents and structural conditions.

Detailed reports were prepared and forwarded to the Clerk of the County Council who informed the owners of any matters in need of attention and in certain cases owners were met on the site for discussions.

Closet Accommodation.—

	Total Number of closets of all types	*Number of closets on the water carriage system*	*Percentage of closets on the water carriage system*
Municipal Boroughs and Urban Districts	445,842	435,817	97·8
Rural Districts	154,826	137,993	89·1
	600,668	573,810	95·5

There are approximately 26,500 pail and privy closets.

Public Cleansing.—In the 68 Municipal Boroughs and Urban Districts tipping on the controlled system is generally in use. Mechanical separation is partly used in one district.

In the 21 Rural Districts tipping is generally found to be in use, the majority of tips being on the controlled system, the remainder being semi-controlled.

Water Supplies.—The table below shows the approximate number and percentage of dwelling houses on public supplies:—

	Municipal Boroughs and Urban Districts	*Rural Districts*	*Total*
No. of houses	398,084	138,598	536,682
No. of above on public supplies ..	388,402	130,065	518,467
Percentage on public supplies	97·6	93·8	96·6

Details of water samples obtained by officials of the County Districts and other Bodies are as set out below:—

	Chemical Analysis			Bacteriological Examination		
	Number Obtained	Satisfactory	Unsatisfactory	Number Obtained	Satisfactory	Unsatisfactory
Municipal Boroughs and Urban Districts	529	510	19	2,454	2,176	278
Rural Districts	109	99	10	1,121	805	316

Particulars regarding the quality, quantity, extensions, closures or restrictions in water supplies during the year:—

	Quality	
	Satisfactory	*Not Satisfactory*
Municipal Boroughs and Urban Districts	66	2

	Quantity	
	Satisfactory	*Insufficient in Parts*
	63	5

	Quality	
	Satisfactory	*Generally Satisfactory*
Rural Districts	19	2

	Quantity		
	Satisfactory	*Generally Satisfactory*	*Not Satisfactory*
	19	1	1

Municipal Boroughs and Urban Districts:	*Extensions*	*Closures, Restrictions and Remarks*
Adwick le Street	—	Lack of pressure in certain places at Woodlands.
Baildon	At Green Lane.	—
Batley	To new properties.	—
Bentley with Arksey	Extensions made.	—
Bingley	Extensions to premises.	—
Brighouse	634 yards new mains. 852 yards replacement.	—
Castleford	To new housing estates.	—
Colne Valley	Extensions made.	—
Conisbrough	To Conanby, No. 3, Housing Site.	—
Darton	1,200 yards extension.	—
Dearne	Extensions to new houses.	—
Denby Dale	282 yards main.	Pumping of Huddersfield water restricted.
Denholme	1½" supply to 4 cottages.	—
Dodworth	—	Restrictions on allotments, gardens etc.
Garforth	Extensions to new estates.	—
Goole	Extensions to new estates.	—

Municipal Boroughs and Urban Districts:	*Extensions*	*Closures, Restrictions and Remarks*
Harrogate	Extensions made.	—
Hemsworth	Extensions to Council's new estate, to fairground at Fitzwilliam.	—
Holmfirth	Extensions at Gibb Lane, Honley, Choppards to Marble Hall, Washpit, Summerfield, New Road, Kirkroyds.	—
Horbury	100 yards 3″ main, Bury Lane. 200 yards 4″ main, Westfield Road.	—
Horsforth	To new premises.	—
Hoyland Nether	Extensions to housing schemes.	—
Ilkley	To new houses only.	—
Keighley	Extensions made.	—
Knaresborough	Extensions at Scotton Drive, Princess Drive, Halfpenny Lane, Beech Grove.	—
Knottingley	Extensions to new estates only.	—
Meltham	Extensions made.	—
Mexborough	Extensions to Highwoods Estate.	—
Normanton	Extensions to new houses.	—
Ossett	Extensions to new housing estates.	Use prohibited for hoses, cars, gardens, etc., for 6 weeks.
Otley	Extensions to new estate, Weston Lane.	—
Pontefract	1,463 yards main.	—
Pudsey	Extensions to housing estates.	—
Queensbury and Shelf	Extensions to housing estates.	—
Ripon	Extensions to new housing estates.	—
Saddleworth	Extensions to new houses only.	—
Selby	450 feet of 4 ins.	—
Silsden	—	Outflow from compensation reservoir restricted during summer period to conserve supply.
Sowerby Bridge	Extensions of 500 yards at Midgley and 100 yards on Sowerby site.	Private supplies at Norland.
Stanley	Extensions to new estates.	—
Tickhill	Extension to new housing estate.	—
Wath upon Dearne	Extensions to new houses.	—
Wombwell	To new houses.	—
Worsbrough	150 yards water main.	—
Rural Districts:		
Bowland	Bowland Regional Supply main extended through the parishes of Paythorne and Newsholme. 33 more properties have been supplied directly from the main during the year. Arrangements were concluded during 1957 whereby bulk supplies from the Bowland Regional Water main were fed into the distributing systems of the villages of Bolton by Bowland and Mitton. The distributing systems in each case being owned by private estates.	—

Rural districts:	*Extensions*	*Closures, Restrictions and Remarks*
Doncaster	To new housing estates.	—
Hemsworth	To housing estates.	—
Hepton	To Charlestown area of Blackshaw and Erringden.	—
Nidderdale	Extensions at Copgrove.	—
Osgoldcross	Extensions to new estate.	—
Penistone	Renewal of main at Stainborough.	Inadequacy at times at High Hoyland and in drought periods at Flouch supply.
Ripon and Pateley Bridge	Extensions at Eagle Hall, Darley.	Sawley and Burnt Yates village pumps.
Rotherham	Extensions made.	—
Selby	94 yards of 3 ins.	—
Settle	Completion of scheme for Malhamdale.	Supplies to Kirkby Malham and part of Malhamdale were abandoned on completion of new Malhamdale scheme.
Skipton	Extensions made.	—
Tadcaster	5 small schemes, new main from Leeds.	—
Thorne	2,790 yards of new main.	—
Wetherby	Extensions at Harewood.	One, by Court Order, informally.
Wharfedale	Extensions made.	—
Wortley	—	Nil—Council has given an order to Sheffield Corporation to extend a main at Oughtibridge to supply 15 houses, present water is suspect. Tenants advised to boil the water for time being.

Plumbo-Solvent Water Supplies.—Periodical examination of water supplies known or suspected to possess plumbo-solvent properties has been carried out. There are 61 such supplies in the County. Samples were obtained in pairs: (a) after standing for 30 minutes in a lead service pipe, and (b) after standing all night in such a pipe. Examinations were made to determine the presence or absence of lead. It is generally considered that a water supply which is plumbo-solvent to the extent of taking up 1/10th of a grain of lead per gallon is dangerous to health and that the plumbo-solvency of such water should be neutralised. During the year 243 samples were obtained from the 61 supplies. In the case of 2 supplies lead was found present but not in quantities considered dangerous to health.

Drainage and Sewerage.—

	Districts reporting parts still requiring sewering	Districts reporting parts still requiring improvement of sewers	Districts having carried out re-drainage works	Houses not connected to sewers
Municipal Boroughs and Urban Districts	51	24	21	9,057
Rural Districts	21	13	9	14,398

Municipal Boroughs and Urban Districts:	*Sewer Extensions*	*Sewage Disposal Works, Extensions and Remarks*
Adwick le Street	Drainage and septic tank put down for new cemetery.	—
Baildon	At Green Lane.	All sewage treated by Bradford Corporation.
Barnoldswick	—	Inadequacy of Sewage Disposal Works reported.
Batley	To new housing estates.	All sewers now discharge into Dewsbury's sewers, thence to Dewsbury's works.
Bentley with Arksey	To new housing estates.	Sewage Disposal Works becoming overloaded.
Brighouse	—	Humus tanks capacity inadequate.
Castleford	To new housing estates at Ferry Fryston.	Inadequacy of Sewage Disposal Works at Whitwood.
Colne Valley	860 yards.	Inadequacy of Sewage Disposal Works reported. Court Orders on 3 Works stand suspended.

Municipal Boroughs and Urban Districts:	*Sewer Extensions*	*Sewage Disposal Works, Extensions and Remarks*
Conisbrough	Works being executed at Conanby No. 3, Housing Site.	Ministry sanction is being sought for an extension to Denaby Sewage Works.
Darfield	—	Inadequacy of Sewage Disposal Works to be dealt with in Phase III of the Sewerage Improvement Scheme.
Darton	Work on new sewerage scheme at Staincross (added area) completed. Public sewer extended to new Council housing estate at Mapplewell. Relief sewer at Darton completed.	—
Dearne	Extensions to Council's new housing sites at Thurnscoe and Goldthorpe.	Inadequacy of Sewage Disposal Works as further housing programme continues.
Denby Dale	66 yards, Church Street, Emley, completing the 257 yards from top of Church Street to Tipping Lane.	Inadequacy of Sewage Disposal Works at Emley and Heator Bottom. Excessive quantity of surface water to Langley Works. Unsewered areas still require attention particularly Emley Moor, High Flatts, Birdsedge and Denby. Replacements of inadequate works at Broomhall, Emley, Thorncliffe, Heator Bottom, Denby.
Denholme	—	A scheme consisting of an ejector and rising main to discharge sewage to the Whalley Lane sewer from 37 houses on the Field Head Estate, served at present by a small septic tank, has been prepared. In addition, improvement works, viz.—provision of sludge drying beds, pump house, etc., at Whalley Lane Works—are under consideration.
Featherstone	—	South Featherstone Sewage Works reconstruction scheme costing £80,892 in progress.
Garforth	New sewers for housing estates.	—
Goole	To new estates only.	—
Heckmondwike	—	Minor modification made.
Hemsworth	—	Inadequacy of Sewage Disposal Works at Hemsworth and Kinsley.
Holmfirth	—	Scheme under consideration for closing New Mill Sewage Works and extension of Neiley Sewage Works.
Horbury	—	Insufficient humus tanks.
Horsforth	Extensions at Springfield Close, Lickless Drive, St. James's Terrace, Brownberrie Crescent, Newlay Wood Gardens.	—
Ilkley	To newly developed parts of district.	—
Keighley	—	Inadequacy of Sewage Disposal Works reported at Morton Sewage Disposal Works. Scheme for improvement submitted to Ministry, but withheld. Also scheme submitted to the Ministry for new tank, etc. in connection with the further development of recirculation at the Marley Works, approval awaited. Improvements to defective sewers are required in several districts.
Kirkburton	130 feet 6 in. sewer at Dogley Mills, Kirkburton.	At Kirkburton Works a 70 feet diameter percolating filter was completed, also new sludge lagoon constructed.
Knaresborough	—	No inadequacy at works but single syphon across river should be duplicated—scheme in preparation.

Municipal Boroughs and Urban Districts:	*Sewer Extensions*	*Sewage Disposal Works, Extensions and Remarks*
Knottingley	Extensions to Garden Lane Estate only (24 houses).	Inadequacy of Sewage Disposal Works reported. Scheme in hands of consultants.
Maltby	—	Inadequacy of Sewage Disposal Works. Plans in hand for improvements and extensions.
Meltham	—	Sewage Disposal Works are inadequate to deal with increased flow and strong sewage. Extension of works scheme approved in principle.
Mexborough	To Highwoods Estate.	—
Mirfield	—	All sewage treated by Dewsbury C.B. New pumping station in use.
Morley	Sewers completed for whole of Low Moor Housing Estate.	Inadequacy at main Dewsbury Road Works. Scheme being considered by Ministry.
Normanton	Extensions to new Council estate.	—
Ossett	Top water sewer, Pildacre and new housing estates.	—
Otley	New sewer line for north of town—with sewage lift.	—
Penistone	Extensions to Council's housing site at Hoylandswaine and private estate at Wellhouse Lane.	New Sewage Disposal Works in progress at Hoylandswaine. Springvale Works are inadequate.
Pontefract	Extensions to Carlton Park housing site.	Inadequate sedimentation capacity at Knottingley Road Works.
Pudsey	468 yards, Rockwood Road Estate, 100 yards, Chatsworth Estate, 52 yards, Hillfoot Estate, 118 yards, Grove Road.	Extensions have been carried out at Houghside Works to provide for re-circulation of final effluent. The work has involved the erection of a pumphouse and a new 9 in. pressure main from here to the filter distribution chamber. A new 7 in. rising main 800 yards in length has been laid from Troydale Pumping Station to Houghside Works. Reconstruction scheme in preparation for Smalewell Sewage Works.
Queensbury and Shelf	—	Inadequacy of Woodfall Sewage Works, Shelf.
Rawmarsh	600 yards, Haugh Road surface water sewer.	—
Ripon	Extension to Lead Lane (new housing estate).	Improvements to filter beds made.
Ripponden	—	Works commenced to new sludge bed at Ripponden Sewage Disposal Works. Barkisland Sewage Works extension scheme still awaiting acquisition of land.
Rothwell	Extensions to housing estates.	Inadequacy of Sewage Disposal Works at Mickletown, Methley.
Saddleworth	Extensions to new houses only.	—
Selby	—	No Sewage Works—tidal river.
Shipley	Extensions to new estates.	Work commenced on trunk sewer and pumping station for taking sewage to Bradford Corporation's works.
Silsden	—	Brunthwaite Sewer Scheme prepared. Valley trunk sewer scheme in preparation. Insufficient filter capacity reported.
Skipton	Surface water, 223 yards 6 in., 50 yards 9 in, 237 yards 12 in. Foul water, 447 yards 6 in.	—
Sowerby Bridge	—	Sewage Disposal Works are only able to cope with domestic sewage.

Municipal Boroughs and Urban Districts:	*Sewer Extensions*	*Sewage Disposal Works, Extensions and Remarks*
Spenborough	—	Reconstruction of Birkenshaw and Gomersal Works practically completed. Below standard effluent at Main Sewage Works due to industrial wastes. East Bierley Works overloaded due to development in the area.
Stanley	Extensions to new estates only.	—
Stocksbridge	Extensions to new housing estates.	Inadequacy of Sewage Disposal Works.
Swinton	Extensions to private and local authority schemes only.	—
Tickhill	9 in. F.W. and 9 in. S.W. from sewage works to new housing scheme, off Sunderland Street, Tickhill.	Additional sludge beds required and a separate system to deal with surface water. Schemes under consideration.
Todmorden	—	New detritor completed.
Wath upon Dearne	Construction of main sewer begun.	—
Wombwell	On new Council housing estate and new privately owned development sites.	Inadequacy at Lundhill Sewage Works.
Worsbrough	101 yds. 9 in. foul sewer, 486 yds. 6 in. foul sewer, 528 yds. 6 in. surface water sewer.	Two new dosing syphons to give intermittent flushing to 100 ft. and 75 ft. diameter filters. Additional settlement tanks and filter beds will soon be required.
Rural Districts:		
Bowland	—	Inadequacy of Sewage Disposal Works at Waddington and Gisburn.
Doncaster	To new housing estates.	Extensions to Sewage Disposal Works at High Melton. Inadequacy at Askern and Rossington.
Hemsworth	To housing estates in Upton, Ackworth, Brierley, Ryhill, South Kirkby.	Extension of Sewage Disposal Works at South Elmsall. Construction of Disposal Works at Ackworth commenced. Inadequacy in some areas reported.
Nidderdale	280 yds. Grainbeck Lane, Killinghall, 700 yds. Hollins Lane, Hampsthwaite.	New Works provided at Beckwithshaw. Inadequacy in the smaller villages but schemes are prepared and awaiting Ministry approval.
Osgoldcross	Extensions to Darrington Housing Estate.	Inadequacy of Sewage Disposal Works at Brotherton and Fairburn, existing works totally inadequate. All other villages (except Darrington) have no sewerage schemes.
Penistone	Lengths of sewers laid at Ingbirchworth, Crane Moor, Cawthorne (Cannon Hill Park).	New works at Ingbirchworth and Crane Moor. Inadequacy of Sewage Disposal Works at Silkstone, Silkstone Common and Thurgoland Works overloaded.
Ripon and Pateley Bridge	Extension to existing sewer at Skelton.	Provision of new works at Skelton. Inadequacy of Sewage Disposal Works at several villages. Schemes have been prepared and submitted to the Ministry.
Rotherham	Hooton Roberts completed. Sewer extensions to serve three existing and four new properties at Bramley.	New filter at Wentworth Sewage Works. Hooton Roberts completed.
Sedbergh	600 yds. 12 in. overflow sewer—Loftus Hill. Settlebeck.	Position at Sedbergh Sewage Works greatly improved by 12 in. overflow sewer, Loftus Hill.
Selby	Sewerage scheme for part of village of Carlton.	New Sewage Disposal Works at Carlton. With the exception of Barlow and Carlton and five small Disposal Works on housing sites, there are no Sewage Disposal facilities in the district.

Rural Districts:	*Sewer Extensions*	*Sewage Disposal Works, Extensions and Remarks*
Settle	—	Sedimentation tanks at Stainforth remodelled.
Skipton	39 ft. x 6 in. earthenware, and 538 ft. x 4 in. cast iron main at Sutton Fields, Sutton, to serve 8 houses.	Inadequacy of Sewage Disposal Works reported.
Tadcaster	Extensions to two housing sites at Aberford and Auster Bank. Village of Great Preston.	Two additional sludge beds at Sherburn and Micklefield. Inadequacy of Sewage Disposal Works in several parishes. Six major schemes awaiting commencement (Tadcaster; Barwick; Appleton Roebuck; Church Fenton; Ledsham; Bishopthorpe).
Thorne	—	Additional 15 in. rising main to Sewage Works over a bridge at Stainforth. Stainforth Works surcharged. Thorne Works—scheme is proposed for extension.
Wakefield	Extensions at Crigglestone, Middlestown and Warmfield.	Inadequacy of Sewage Disposal Works at Horbury Bridge, Kirkthorpe, Sharlston and Woolley.
Wetherby	Extension to relief sewer at Weeton.	Thorp Arch Works (Drying Beds) extension.
Wharfedale	Bramhope, 897 yds. 9 in., 393 yds. 6 in. (Foul), 1,394 yds. 6 in. and 24 in. Surface Water.	Sewage Disposal Works repaired and overhauled. Inadequacy reported at Carlton.
Wortley	—	Scheme prepared for extension of Wharncliffe Side Works which are overloaded.

Nuisance Inspection and Action.—

	Total No. of Inspections made in 1957 for nuisances only	Notices for Abatement of Nuisances						Total No. of Summonses, etc.
		Informal			Statutory			
		Outstanding at 31.12.56	Issued in 1957	Abated in 1957	Outstanding at 31.12.56	Issued in 1957	Abated in 1957	
Municipal Boroughs and Urban Districts	41,563	3,836	12,278	12,121	977	1,377	1,445	86
Rural Districts	5,129	1,000	1,811	1,984	410	243	388	11
Totals	46,692	4,836	14,089	14,105	1,387	1,620	1,833	97

Swimming Baths, Pools, etc.—

In the Administrative County the number of Swimming Baths, Pools, etc., is set out below:

	Public Swimming Baths or Pools	*Privately owned Swimming Baths or Pools open to the public*	*Baths for school use only*	*Paddling Pools*	*Privately owned Riverside Pool open to the public*
Municipal Boroughs and Urban Districts	35	2	5	2	—
Rural Districts	1	5	—	—	1

These baths receive regular supervision regarding the treatment of water, etc., and samples are obtained for bacteriological and chemical examination.

Prevention of Damage by Pests Act, 1949.—During the year 13 inspections were made by the County Public Health Inspectors at school canteens and kitchens regarding rats and mice infestation. Reports on the structural conditions of the premises were forwarded to the Chief Education Officer. Disinfestation treatment was carried out by the County District Public Health Inspectors and their staffs.

Inspections generally were made in co-operation with the local officials. Action taken by the County District Councils' officials during the year was as follows:

	Number of Inspections	*Infestations dealt with*
Municipal Boroughs and Urban Districts	44,646	6,260
Rural Districts	19,372	4,363

Rural Water Supplies and Sewerage Acts, 1944 to 1955.—Applications for grants during the year are given below:

County District	Description of Scheme	Estimated Amount of Scheme	Date of Application
		£	
Denby Dale U.D.	Birdsedge Sewerage.	13,528	28.5.57
Goole R.D.	Hook Sewerage and Sewage Disposal.	—	24.6.57
Hemsworth R.D.	Ackworth and Nostell Water Supply Scheme.	40,250	14.8.57
Horbury U.D.	Reconstruction of Horbury Bridge sewer and modernisation of present works.	69,850	7.9.57
Nidderdale R.D.	Brearton Sewerage Scheme.	—	27.8.57
do.	Burton Leonard and Copgrove Sewerage Scheme.	—	27.8.57
do.	Boroughbridge and District Water Undertaking, improvement of Reservoir and Storage.	20,800	29.8.57
Ripon and Pateley Bridge R.D.	Regional Scheme, water supplies for Forest Moor Camps.	57,579	4.1.57
do.	Summerbridge and Dacre Water Scheme, supply to Butcher Pasture Farm.	960	10.10.57
do.	Mickley Sewage Disposal.	—	3.12.57
do.	Regional Water Scheme, chlorination, Eagle Hall, Warsill.	—	12.12.57
Skipton R.D.	Southern Area, Sutton, Cross Hills, Farnhill and Kildwick water supply.	48,000	19.8.57
Tadcaster R.D.	R.A.F. Station, Acaster Malbis, water supply.	—	26.11.57

Summary of Visits and Duties carried out by the County Public Health Inspectors.—

Inspections at dairies under The Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949-53	540
Number of samples of pasteurised and sterilised milks	526
Number of samples of school milks	553
Visits regarding school milk supplies	40
Number of hospital farm milk samples	73
Visits regarding the Food and Drugs Act, "Specified Areas"	876
"Specified Area", enquiries regarding breach of Order	5
Inspections under The Housing (Rural Workers) Acts	195
Housing complaints investigated	4
Complaints in the County Districts investigated	14
Refuse collection, etc., investigations	7
Inspections at school kitchens regarding rats and mice infestation	13
Water sampling and testing for residual chlorine at special schools, etc.	41
School swimming bath inspection and sampling of water	1
Investigation regarding export of live cattle	1
Investigations regarding Salmonella infection	2
Inspections under The Pharmacy and Poisons Acts	1,010
Ministry of Housing and Local Government Inquiry regarding water	1
Meetings with Divisional Medical Officers and Public Health Inspectors	77

PART VI

OTHER SERVICES

The Welfare of the Epileptic and Spastic

The following are the particulars of known epileptics and spastics:

Adults	*Number* Epileptics	Spastics
1. Provided with accommodation under Part III of the National Assistance Act, 1948, in homes administered by Voluntary Organisations:		
(a) in homes for epileptics	62*	
(b) in homes for spastics		6†
(c) in County establishments and establishments where County Council has "right of user"	55	3
2. Registered under the County Council's scheme of Welfare Services for Handicapped Persons (General Classes)	79	73

*Cookridge Hall Epileptic Home, Leeds, was opened in December, 1955 and accommodates nine West Riding cases. Plans for the Home's future development are now in hand.

†Several cases awaiting admission to Spastic Homes.

Children		
Number ascertained as handicapped:		
(a) Approximate number attending ordinary schools	224	102
(b) Attending special schools	30	96
(c) Receiving home tuition	2	4
(d) Receiving no education	5	5

The register of handicapped persons, including epileptics and spastics, under the approved scheme has been kept up to date and the information recorded includes the medical classification and assessment of their suitability for employment. Again much thought has been given during the year to furthering the County Council's approved scheme under Sections 29 and 30 of the National Assistance Act, 1948. A few centres are being operated through the agency of voluntary organisations in the County Boroughs and these generally serve handicapped persons in the contiguous West Riding areas. In addition local branches of the National Spastics Society are now operating in several districts of the West Riding, at York, Leeds, Bradford, Halifax, Dewsbury, Huddersfield, Barnsley, Sheffield, Pontefract, Castleford and Goole. It is hoped that progress will be made in the near future with Centres in the West Riding administrative area where it is now known there are suitable premises.

There were three full time handicraft instructresses working in the County during the year. From this agency over 450 handicapped persons were actively engaged in home handicraft work and of this number 36 were epileptics and 30 were spastics. There are numerous avenues for the disposal by sale of the articles produced; some are disposed of by private arrangements of the persons concerned, and assistance is afforded to others to obtain orders and sales. Voluntary Organisations and many persons of goodwill have been helpful in providing means of sale and their assistance is gratefully appreciated.

Again advice to handicapped persons on their various problems and assistance and liaison with other statutory bodies is effected through the nine Divisional Welfare Officers.

Financial assistance was given to handicapped persons (including a number of spastics) in respect of internal and/or external adaptations to their homes or in respect of the provision of additional facilities designed to secure their greater comfort or convenience.

The County Council during the year made grants to organisations providing voluntary services for handicapped persons and grants were made to Spastic and the Epileptic Societies.

Certification and Treatment of Blind and Partially Sighted Persons

The following table gives particulars of new registrations during 1957 of blind and partially sighted persons (other than handicapped school children):

	Disability (B.—Blind, P.S.—Partially Sighted)									
	Cataract		Glaucoma		Retrolental Fibroplasia		Others		Total	
(i) No. of cases registered during the year in respect of which Section F recommends:	B.	P.S.	B.	P.S.	B.	P.S.	B.	P.S.	B.	P.S.
(a) No treatment	92*	20x	11	3	2	1	90	19	195	43
(b) Treatment (medical, surgical, optical or hospital supervision)..	104†	59‡	16	16	—	1	47	52	167	128
(ii) No. of cases at (i) (b) above which received treatment	46§	38ø	12	15	—	1	33	40	91	94

* Includes 12 cases of cataract with glaucoma.
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Residential Accommodation

(*National Assistance Act*, 1948)

Under the scheme for residential accommodation the County Medical Officer is responsible for the general medical oversight of the following:

Establishment	*Superintendent/Matron*	*Telephone Number*	*No. of Residents*	
			Men	*Women*
The Shroggs, Skipton Road, Steeton ..	Miss M. Sedgwick	Steeton 3213	—	20
Farfield Hall, Bolton Road, Addingham..	Mrs. A. G. Turner	Addingham 224	13	17
Sharow View, Allhallowgate, Ripon ..	Mr. and Mrs. E. Brook	Ripon 238	42	30
The Beeches, Leeds Road, Tadcaster ..	Mr. and Mrs. H. Wright	Tadcaster 2113	69	37
*11 Stockwell Road, Knaresborough ..	Miss W. M. Brown (Matron)	Knaresborough 2283	50	25
Wharfedale Lawn, Westgate, Wetherby ..	Mrs. K. Turnill	Wetherby 446	—	23
The Grove, 80 High Street, Starbeck ..	Mrs. H. Johnson	Harrogate 83980	—	19
Hillworth Lodge, Oakworth Road, Keighley	Mr. and Mrs. P. Rawlin	Keighley 4014	73	129
Thornton View, Thornton View Road, Pasture Lane, Clayton, Bradford ..	Mr. and Mrs. W. S. Lawson	Queensbury 2007/8	100	100
Woodville, Spring Gardens Lane, Keighley	Miss K. M. Parker	Keighley 2428	9	11
Crow Trees, Leeds Road, Rawdon ..	Miss A. Earnshaw	Rawdon 908	—	20
Burley Hall, Burley in Wharfedale, near Ilkley	Miss E. S. Atkinson	Burley in Wharfedale 2334	6	19
†Park House, Bradford	—	—	22	—
Glenholme, Green Lane, West Vale, Greetland	Mr. and Mrs. T. Lambert	Elland 2985	20	20
Stoneswood, Oldham Road, Delph ..	Miss M. C. Murphy	Delph 300	8	12
Longlands, Leeds Road, Lightcliffe, near Halifax	Miss A. Dickinson	Halifax 68254	8	12
Scaitcliffe Hall, Todmorden	Mrs. I. Smith	Todmorden 114	10	14
Stanley View, Park Lodge Lane, Wakefield	Mr. and Mrs. N. W. Betts	Wakefield 2188	147	95
Beech Towers, Halifax Road, Staincliffe, near Dewsbury	Mr. and Mrs. F. Thomas	Dewsbury 28	175	129
Walton House, Shay Lane, Walton, near Wakefield	Miss G. Carradice	Wakefield 5242	—	20
Turnsteads, Whitcliffe Road, Cleckheaton	Mrs. M. T. Briggs	Cleckheaton 1544	—	23
Brook Lodge, Brook Street, Selby.. ..	Mr. and Mrs. J. Whitworth	Selby 15	63	57
Northgate Lodge, Skinner Lane, Pontefract	Mr. and Mrs. C. Borrill	Pontefract 3351/2	116	64
†Wadworth Hall, Wadworth, near Doncaster	—	Doncaster 53272	(Total	25)
†Brodsworth, near Doncaster	—	—	(Total	38)
Netherfields, Sheffield and Halifax Road, Penistone	Mr. and Mrs. H. G. Jenner	Penistone 2144	37	29
Wombwell Grange, Park Street, Wombwell	Miss M. Bakewell	Wombwell 2186	—	17

* County Council have "right of user".
† In course of preparation.

Registration and Inspection of Disabled and Old Persons' Homes

(National Assistance Act, 1948)

The under-mentioned premises, which are inspected in conjunction with the officers of the Welfare Department, are registered as Disabled and Old Persons' Homes:

Establishment	*Number of Residents*	*Type of Home *(Part I, II or III)*
Congregation of Sisters of Charity of our Lady of Good and Perpetual Succour, St. Anne's Convent, Burghwallis	21	I
Mrs. Bessie Fox, Moor Lane House, Moor Lane, Gomersal	10	I
Harrogate Old People's Home, 66-68 Cold Bath Road, Harrogate	36	I
Skelldale Housing Society Ltd., Borrage House, Ripon	12	I
Ernest Aycliffe Home for Deaf and Dumb Men, Fulford Grange, Rawdon	30	II
North Regional Association for the Blind, "Oaklands", Huddersfield Road, Holmfirth	30	II
Keighley and District Institute for the Blind, 13–15 Scott Street, Keighley	14	II
The Woodlands, Farrar Lane, Oulton	21	I
Mrs. Evelyn Berry, 23 Ash Mount, Keighley	5	III
Methodist Homes for the Aged, "Glen Rosa", Grove Road, Ilkley	32	I
Methodist Homes for the Aged, Berwick Grange, 5 Otley Road, Harrogate	28	I
Highfield Home for the Blind, Soothill Lane, Batley	14	II
Miss Rose Seery, Mayfield, 18 Beech Grove, Harrogate	6	I
Catholic Women's League, Clitherow House, 49 Valley Drive, Harrogate	16	I
Mrs. Bertha Miller, "Greylands", Forest Moor, Knaresborough	6	I
Mrs. Anna F. Schramm, "Moor Top", 43 Harlow Moor Drive, Harrogate	8	I
Miss M. Brearley, S.R.N., Haversham Court, Ben Rhydding Road, Ilkley	28	III
Miss A. Fildes and Mr. P. Lowe, "Gledhow", 23 Park Drive, Harrogate	9	I
Mrs. D. Tearse, 78 Kingsley Road, Harrogate	2	I
Gratton Home for Aged Ladies, 11 East View Terrace, Otley	14	I
Mrs. A. C. Shepley, Batley Hall, Upper Batley	10	I
Harrogate Guild of Help (Avondale Trust, Ltd.), "The Avondale", Cold Bath Road, Harrogate	26	I
Mrs. K. D. Clarke, "Newlands", 58 Harlow Moor Drive, Harrogate	4	I
Yorkshire Association for the Care of Cripples, St. George's House, Otley Road, Harrogate	52	II
Mr. William Kneen, The Gables, Norland, Sowerby Bridge	8	I
Mrs. M. Fell, Oakfield, Thwaites Brow, Keighley	5	I
Mrs. B. M. Veall, Lansdown Eventide Home, 46 Kent Road, Harrogate	7	I
Misses R. Bulcock and M. Burrows, Blue Dawn Residential Home, Priesthorpe Lane, Bingley	20	I
Mrs. Rhoda Herrington, 6 Lancaster Park Road, Harrogate	3	I
Mrs. Blanche Heal, "Burnlee House", Park Head, Holmfirth	3	I
Mrs. Eileen Ann Sweeting, 14 Alexandra Road, Harrogate	5	I
Mrs. Minnie Satariano, "Downside", 15 Otley Road, Harrogate	10	I
Mrs. Florence Alice Smith, Parnasus Mount Home, 31 Kirkgate, Knaresborough	9	I
Incorporated by Royal Charter Lister House, Sharow, near Ripon	70 approx.	III (and Hospital cases)

* Part I—Homes for Old Persons.
Part II—Homes for Disabled Persons.
Part III—Homes for Old and Disabled Persons.

In 1956, all County District Councils were informed that the County Council were prepared to consider the making of contributions under Section 126 of the Local Government Act, 1948, towards the expenses incurred by them in the development of services for aged persons accommodated on Council estates subject to the submission of schemes containing full details of the proposals and subject also to the aged persons who are to be accommodated being those who are likely to require residential accommodation in the foreseeable future, such persons being selected in conjunction with the Divisional Medical Officer and the Divisional Welfare Officer.

Subsequently Circular 18 issued by the Minister of Housing and Local Government on 18th March, 1957, gave general consent to the making of contributions by County Councils under the Section referred to above towards the whole or any part of any expenses incurred in the provision of housing vital to the needs of old people by housing authorities, subject to such contributions not exceeding £30 per house per annum, special sanction being required in respect of proposed contributions above that figure.

I am indebted to Mr. F. B. Armstrong, County Welfare Officer, for supplying most of the foregoing information in this Part of the Report.

Removal to Suitable Premises of Persons in Need of Care and Attention

Where a person is suffering from a grave chronic disease, or being aged, infirm or physically incapacitated, is living in insanitary conditions and is unable to devote to himself, or herself, and is not receiving from other persons proper care and attention, action can be taken by the Medical Officer of Health to secure the necessary care and attention for such persons. This action is taken under the provisions of Section 47 of the National Assistance Act, 1948, or, in cases of urgency, under the National Assistance (Amendment) Act, 1951.

From the reports of Medical Officers of Health it is clear that these powers are used with the utmost reluctance and only as a last resort after all efforts at persuasion have failed to encourage the persons to take advantage of care and attention voluntarily in a hospital or other suitable place. It was necessary, however, to remove compulsorily 2 men and 8 women to hospital, also 2 men and 2 women to accommodation provided under Part III of the National Assistance Act, 1948.

Registration of Nursing Homes

(*Public Health Act*, 1936—*Sections* 187-195)

There were two new registrations, three amended registrations and four cancellations during the year, at the end of which thirty-nine homes were registered providing thirty-three beds for maternity and three hundred and ninety-five beds for other cases. Forty-two visits of inspection were carried out during the year. The accompanying schedule gives brief details of the nursing homes in the area on 31st December.

Name and Address of Nursing Home	No. of Beds Registered		Types of Nursing Provided					Other Information
	Maternity	Other	General Medical	General Surgical	Obstetric	Psychiatric	Geriatric	
Brooklands Nursing Home, Long Preston	3	7	—	—	Yes	—	Yes	Does not take regular midwifery but takes occasional cases
Sunnybank Nursing Home, Braithwaite, Keighley	—	6	Yes	—	—	—	—	—
The Nursing Home, 58 Devonshire Street, Keighley	—	5	Yes	—	—	—	—	—
Ivy Bank Nursing Home, 163 Highfield Lane, Keighley	—	3	Yes	—	—	—	—	—
Blue Dawn Nursing Home, Priesthorpe Lane, Bingley	—	20	Yes	Yes	—	—	Yes	—
Thornfield Nursing Home, Micklethwaite, near Bingley	7	4	Yes	—	Yes	—	—	—
Elmhurst Nursing Home, Hall Bank Drive, Bingley	—	6	—	—	—	—	Yes	—
Jesmond Nursing Home, New Street, Farsley, near Leeds	—	7	Yes	—	—	—	Yes	—
Brooklands Nursing Home, Harper Lane, Yeadon, Leeds	—	7	Yes	—	—	—	Yes	—
The Hawthorns Nursing Home, Outwood Lane, Horsforth, Leeds	—	16	Yes	Yes	—	—	Yes	Generally hospital convalescent cases
St. Joseph's Convalescent Home, Outwood Lane, Horsforth, Leeds	—	16	Yes	Yes	—	—	—	Generally hospital convalescent cases
St. Catherine's Nursing and Rest Home, Leeds Road, Horsforth, Leeds	—	17	Yes	—	—	—	Yes	Generally hospital convalescent cases
Fairholme Nursing Home, Ilkley	—	14	Yes	Yes	—	—	Yes	—
Westleigh Nursing Home, Pool in Wharfedale, near Leeds	—	4	—	—	—	—	Yes	—
Chevin Hall Nursing Home, Otley	—	24	Yes	—	—	Yes	Yes	—
Ure Lodge Nursing Home, Ure Bank Terrace, Ripon	—	21	Yes	—	—	—	—	—
Clova Nursing Home, Clotherholme Road, Ripon	—	10	Yes	—	—	—	—	—
Staffa Nursing Home, 5 Coppice Drive, Harrogate	3	3	—	—	Yes	—	—	—
Cavendish Nursing Home, 17 Cavendish Avenue, Harrogate	—	7	Yes	—	—	—	Yes	—

Name and Address of Nursing Home	No. of Beds Registered		Types of Nursing Provided					Other Information
	Maternity	Other	General Medical	General Surgical	Obstetric	Psychiatric	Geriatric	
Alexandra Nursing Home, 7 Alexandra Road, Harrogate	—	8	Yes	—	—	—	Yes	—
Alderson Nursing Home, 2 Alderson Square, Harrogate	—	6	Yes	—	—	—	Yes	—
Duchy House Clinic, 9 Queen's Road, Harrogate	—	22	Yes	Yes	Yes	—	Yes	Operating theatre, X-Rays, pathological investigations
Ellerslie Nursing Home, 26 Ripon Road, Harrogate	—	7	Yes	—	—	—	Yes	—
Imperial Nursing Home, 29 Rutland Road, Harrogate	6	12	Yes	Yes	Yes	—	Yes	Operating theatre
Nursing Home, 2 East Park Road, Harrogate	—	2	—	—	—	—	Yes	No further admissions to be made
Windermere Nursing Home, 1a Westcliffe Grove, Harrogate	2	—	—	—	Yes	—	—	—
The Pines Nursing Home, 57 Harlow Moor Drive, Harrogate	—	14	Yes	—	—	—	Yes	—
Norman Lodge Nursing Home, 58 Kent Road, Harrogate	—	22	Yes	—	—	—	Yes	—
Beech Grove Nursing Home, 1 Beech Grove, Harrogate	—	8	Yes	—	—	—	Yes	—
Litchdon Nursing Home, 61 East Parade, Harrogate	—	8	Yes	—	—	—	Yes	—
Courtfield Nursing Home, 3 St. James Drive, Harrogate	—	14	Yes	—	—	—	Yes	—
Hereford Nursing Home, 16 Hereford Road, Harrogate	—	16	Yes	—	—	—	Yes	—
Abbey Garth Nursing Home, 28 Abbey Road, Knaresborough	—	5	Yes	—	—	—	Yes	—
Benton Nursing Home, Benton Hill, Horbury	6	—	—	—	Yes	—	—	—
Bright's Cottage Nursing Home, St. James Street, Heckmondwike	6	2	Yes	—	Yes	—	—	—
Cross Brook Nursing Home, Todmorden	—	8	—	—	—	—	Yes	—
White Windows (West Riding Cheshire Home), Sowerby Bridge	—	30	Yes	—	—	—	Yes	—
Woodend Nursing Home, Atherton Street, Springhead	—	12	Yes	—	—	—	Yes	—
Glenhaven Nursing Home, 35 Cusworth Lane, Sprotborough, near Doncaster	—	2	Yes	—	—	—	—	—

Notification of Births

(*Public Health Act, 1936, Section 203*)

"203.—(1) *In the case of every child born it shall be the duty of the father of the child, if at the time of the birth he is actually residing on the premises where the birth takes place, and of any person in attendance upon the mother at the time of, or within six hours after, the birth, to give notice of the birth in manner provided by this section to the medical officer of health of the welfare authority for the area in which the birth takes place.*"

Notifications were received relating to 20,269 live and still births occurring in the administrative County area and of 10,150 births occurring elsewhere to mothers who were normally resident in the County; the former figure included 2,875 births to mothers not normally resident in the County area and the consequent net total of births notified and attributable to the County area was 27,544. When this figure is compared with the Registrar General's return of 27,578 births (26,920 live and 658 still births) in the County area, the degree of error, little more than one per thousand, is satisfactory evidence of the effectiveness of the system of notification. There is close co-operation with the local registrars of births to this end. Prompt notification makes it possible to arrange for early visitation of the newly-born babies by the health visitors and it is encouraging to record that they paid 26,570 first visits to children under one year of age, representing 99 per cent. of the total births.

Nurseries and Child-Minders Regulation Act, 1948

One applicant for registration as a child-minder was approved and the registrations of three private day nurseries were cancelled. At the end of the year, there were two nurseries registered for the care of sixty-nine children and five child-minders to care for a total of not more than twenty-two children.

Medical Arrangements for County Children's Homes and Residential Nurseries

Divisional Medical Officers have submitted periodic reports on the discharge of their responsibilities for the medical arrangements at County Children's Homes and Residential Nurseries; these provide for the medical examination of children on admission and discharge, subsequent routine and special examinations, the keeping of medical records, precautions against the spread of infectious disease, hours of rest and sleep, the general supervision of health, hygiene and dietary, and the staffing of the nurseries. Routine examinations are undertaken monthly in residential nurseries and every six months in children's homes.

These examinations reveal the not unexpected high proportion of children with physical and mental defects and with emotional problems. They also show that the establishments suffered from the influenza epidemic, which affected both the staff and the children. Three cases of rubella occurred in one nursery during June but were very mild: otherwise, there was nothing of outstanding interest on which to comment.

Medical Examination for Superannuation

An appointment to a superannuable post is subject to the applicant passing a medical examination. The examinations are carried out by Medical Officers on the County Council's staff except where the successful candidate resides far outside the geographical County when arrangements are made either for examination by another Local Authority on a reciprocal basis or by a medical practitioner, the fee of 37s. 6d. in the latter case being paid by the County Council. In cases where the medical certificate proves inconclusive a specialist's opinion is obtained at the expense of the County Council and the findings are made available to the family doctor.

During the year 1,321 persons were medically examined as set out in the table below and of these 68 were not considered medically suitable for admission to the Superannuation Scheme.

Examined by County Council Medical Officers	1,237
Examined by Medical Officers of other Local Authorities	36
Examined by General Medical Practitioners .. .. .. (Fee of 37s. 6d. payable by the County Council)	48
In 44 cases a Specialist's opinion was obtained	

In addition 56 special medical examinations were arranged at the request of employing departments and 18 medical examinations were undertaken at the request of other Local Authorities.

PART VII

THE HEALTH OF THE SCHOOL CHILD

(Being the 50th Annual Report of the Principal School Medical Officer)

Introduction.

As this is the 50th Annual Report of the Principal School Medical Officer, an account of the history of the School Health Service is contained in the following pages, as well as a review of the work done during the past year. The School Health Service continues to play its increasing part in the care and well-being of children for, as standards of all kinds rise, the School Health Service insists that all children should be helped and raised to the physical best of which they are capable.

The year has been marked by a great increase in the number of children immunised against poliomyelitis. Apart from this, there has been no major change in the nature and character of the Service. The general standard of health remains high, due not only to the continued material prosperity of a very large proportion of the population, but also to the work of the teachers and staff of the School Health Service.

Certain features of the work of the Service during the year are noteworthy. Again a considerable proportion of the School Medical Officers' time has been occupied with routine school medical examinations and again the value of this work has been queried in certain quarters. This aspect is discussed later on in the Report.

The Child Guidance Service has continued to function as it did last year with centres held weekly at Wakefield, Mirfield, Shipley, and Rawmarsh, all of which are attended by a full team of psychiatrist, psychologist, and psychiatric social worker. Towards the end of the year a further appointment of a psychiatrist was made by the Leeds Regional Hospital Board and an additional centre was opened at Harrogate in December.

The staff of medical officers has remained fairly constant throughout the year.

The Report contains an account of a weekend course held for the School Medical Officers at Grantley Hall in September, on speech therapy. This course was greatly appreciated by the School Medical Officers and should prove of much value in their work. Once again I should like to stress that a course of this nature is not only very beneficial, but also emphasises the major difficulty of School Medical Officers working for such a large administrative area as the West Riding. Owing to the size of the County, it is not possible for School Medical Officers to meet sufficiently frequently to discuss their problems. Not only does the work of the School Health Service demand a very keen and up-to-date knowledge of clinical medicine with all its recent advances, but it is imperative that School Medical Officers should keep in the vanguard of all new knowledge, if only to confound their many critics. I should like to repeat here what I said in my Report of last year, that while I am grateful for the approval given to School Medical Officers to attend a hospital on one half-day per week, I feel that more facilities should be given for the attendance of these officers at refresher courses. The nature of the School Medical Officers' work, with its emphasis on the discovery of minor deviations from the normal, makes it essential that each School Medical Officer retains a very lively interest in clinical medicine.

Once again I should like to pay tribute to the work of Dr. Marshall, Senior Medical Officer, who has been largely responsible for the preparation of this Report; to all members of the staff of the School Health Service; to the Chief Education Officer and his colleagues; and, of course, to the teachers for their co-operation in the schools.

THE GROWTH AND DEVELOPMENT OF THE SCHOOL HEALTH SERVICE, 1907 — 1957

A. NATIONAL GROWTH.

Fifty years have now elapsed since the Education (Administrative Provisions) Act, 1907, was placed on the Statute Book. Section 13 of that Act required Local Education Authorities to provide as from the 1st January, 1908, for the medical inspection of school children attending elementary schools. This was the real beginning of what has become today to be known as The School Health Service and which is now one of the major health services administered by local authorities. Although the 1907 Act was a measure of far-reaching importance, it is of interest to know of the events which preceded it.

The earliest appointment of a School Medical Officer was made by the London School Board in 1890, and three years later the Bradford Local Authority appointed Dr. James Kerr who was an outstanding pioneer in school medical work.

Statutory provision at this time was, however, largely negative, for example, the power to exclude children from school during epidemics. The Royal Commission on Physical Training (Scotland) which reported in 1903, promoted a much wider view and recommended that a general and adequate system of school medical inspection should be introduced. The Commission had this to say, " . . . It is only by skilled medical inspection that defects in the organs of sight and hearing or in mental development, or such physical weakness or state of nutrition as may demand special treatment in connection with school work may be detected. We feel convinced that some of the prevailing defects in health and physique might be materially mitigated if not removed by a little timely attention of some simple rules of health . . . which are too often neglected or ignored".

In England about the same period it was found that out of every five wanting to enlist in the Army, only two remained in the Army as effective soldiers after two years. This led to the appointment of an Inter-Departmental Committee on Physical Deterioration which reported in 1904. The report drew attention to the extent of illness and disease existing at the time and referred to the need for medical inspections in the poorer schools. This report was followed by one in 1905 by an Inter-Departmental Committee on Medical Inspection which advocated routine examinations in the schools. There is little doubt that Section 13 of the 1907 Act was the direct result of these Reports.

Section 13 placed on local authorities the duty of providing for the medical inspection of children on entry to school and at such times as the Board of Education might determine. It also gave authorities the power to assist and encourage voluntary agencies in the medical treatment of children. A Medical Department was formed at the Board of Education, and when the Act came into force on the 1st January, 1908, the Board advised a medical inspection for both entrants and leavers.

In 1909 the Education (Medical Treatment) Act was passed requiring local authorities to recover from parents the cost of any medical treatment provided, except in necessitous circumstances.

The Education Act of 1918 extended the duty of local authorities to provide for the medical inspection of entrants to secondary schools and the Education Act of 1921 consolidated the provisions contained in the Acts of 1907, 1909 and 1918.

The position remained unaltered until the passing of the comprehensive Education Act of 1944. Section 48 of this Act extended considerably the powers and duties of Local Education Authorities with regard to the School Health Service. With regard to school medical inspection, the Section laid upon Local Education Authorities the duty of providing "for the medical inspection at appropriate intervals of pupils in attendance at any school. . . . maintained by them". Not only did this widen the scope of medical inspection, but for the first time the Act made the inspection compulsory for the child. Previous legislation had made the inspection compulsory for the Authority but optional for the child.

Section 48(3) of the 1944 Act also required Local Education Authorities "to make such arrangements for securing the provision of free medical treatment . . . as are necessary for securing that comprehensive facilities for free medical treatment are available". This provision, together with that contained in the National Health Service Act, 1946, constituted a major step forward and removed an obstacle which over the years had severely restricted Local Education Authorities as to the facilities which could be provided, or used to improve and sustain the health of school children. The discovery of hitherto unknown defects in children, while important in itself, was rendered valueless to some extent if the means were not readily available to treat the defects. The fact that the health of school children had improved greatly during the period 1907 to 1944 speaks well for the untiring efforts of school medical officers, nurses, and voluntary agencies during that time.

B. THE WEST RIDING.

The School Medical Service. The foregoing gives a brief account of the legislation introduced over the last fifty years, but what has been achieved by the West Riding during this period?

A few years before the passing of the 1907 Act, the Education Committee had interested itself in the health of its school children and in the conditions under which they were being taught in school. As early as 1903, the staff of the Architect's Department undertook a complete survey of school premises, made plans of every school, and very active preparations were started for the improvement of the many defects noted regarding accommodation, ventilation, lighting, heating, equipment and sanitation.

Another of the early acts of the Education Committee in 1904 was to make arrangements with the Sanitary Committee for the enlargement of the Health Department so that its services might be available for matters concerning school hygiene and the health of the scholars. Investigations were made into insanitary conditions at school, infectious outbreaks, and water supplies. Medical examination of defective children and absentees was also undertaken and a systematic enquiry was conducted for a few years into the prevalence and spread of ringworm in certain areas. Lectures were given to school teachers on the common ailments of school life and on eyesight, and on certain phases of school hygiene directly affecting the health of children.

Immediately after the 1907 Act was passed, the question arose as to whether the work of medical inspection should be undertaken by special whole-time doctors to be appointed, or by the 111 local Medical Officers of Health of the 117 Sanitary Authorities in the County. After much deliberation and consultation with the Medical Officers of Health, the Committee decided to entrust this work to

new whole-time medical staff to be specially appointed. The County was mapped out into ten districts each with a whole-time School Medical Inspector under the direction of the County Medical Officer. At this time, there were no school nurses nor school dentists on the staff and no school clinics had been established, but the Education Committee advocated the establishment of Care of Children Committees to deal locally with the amelioration of the conditions found at medical inspection.

At first, two medical inspections only were introduced—"entrants" at 5 years of age and "leavers" at 13 years of age. The inspection was literally, at first, just an inspection — the power to give and receive treatment came later — and as a result much of the early work consisted of excluding children from school for such conditions as common infectious and contagious diseases, such as measles, scarlet fever, diphtheria, ringworm, scabies, impetigo, and pediculosis. The handicapped children of these early days belonged to the categories of either blind, deaf, mentally defective, or physically defective, and some provision was made for them in special schools belonging to private institutions both within and without the area.

In his report for 1908, the County Medical Officer paid tribute to the valuable work and co-operation of the teachers. The School Medical Inspectors depended on the teachers for such information as to the regularity of school attendance, the nature and adequacy of clothing and footgear, housing and general home conditions, and the nature of the parents' employment. All School Medical Inspectors agreed that the intimate knowledge of the teachers concerning the children under their care was of the utmost value and in not a few cases the teacher's knowledge of a child's family history afforded confidential information of much assistance to the doctor. The teachers showed their interest in many ways such as by following the inspections and noting any recommendations made, and by bringing forward many non-routine cases for inspection.

One interesting point noted at the time of the first inspections was the almost entire absence of objection on the part of the parents to the inspection, and the few instances which did occur were almost entirely due to misconception.

When the service had been in operation only a short time, the number of defects found in the children was outstandingly large. Many of them had been unsuspected either as to their presence or their severity. The standard of cleanliness of both head and body was deplorably low and the incidence of skin infections very high, especially ringworm and impetigo. A number of children attended school only on a half time basis—these were the twelve-year-olds and found chiefly in the mill areas. In many cases there was no economic necessity for this state of affairs, but with a very short-sighted concept of the value of education by the parent, the child was permitted to do as his inclinations tended, unguided by parental foresight or control. Another prevalent custom was the employment from the age of nine years of boys and girls before school hours to deliver newspapers and milk and after school hours to help in shops.

Following medical inspection, parents were informed of any defect discovered and what measures were necessary, verbally if present at the inspection, or by letter from the School Medical Inspector. It was realised, however, that many defects would remain untreated unless something more positive was done and, within the limited sphere of Section 13 regarding treatment, the Education Committee set up through the District Sub-Committees for Education, "Care of Children" Committees to deal locally with the work of amelioration and treatment. These Committees were composed partly of members of the District Sub-Committee and partly of co-opted members. These members undertook to visit the homes of children requiring prolonged treatment and were expected to enlist the aid of the various voluntary philanthropic agencies. In most areas, the Committees functioned with little or no money.

In some areas, the Committee secured the services of the local District Nurse, in addition to co-opted lady members, and much valuable work was done in the following-up of recommendations made by the School Medical Inspectors and in arranging for the amelioration of many of the conditions found at medical inspection, such as the provision of milk, cod liver oil, footwear and clothing, in necessitous cases; persuading parents to arrange for medical treatment; taking groups of children to hospital for eye examinations; visiting homes again and again; and arranging for the district nurse to treat cases of chronic eye and ear disease.

Some of these "Care of Children" Committees suffered from a lack of organisation and vitality and their small success in some areas was due either to the apathy of the visitors or the poverty and indifference of the parents.

In 1913 the County Council accepted the recommendations made by a Joint Committee of the Public Health and Education Committees for the establishment of a Nursing Service in the West Riding and the year 1914 saw the beginning of the work of the school nurse. By the end of that year, 84 districts were constituted and provided with nurses. Owing to the diversity of conditions, it was not possible to appoint whole-time nurses in all areas, and of 87 nurses appointed, 37 were whole-time health visitors and school nurses, 2 were whole-time school nurses, 3 whole-time school nurses and attendance officers, 3 whole-time dental nurses, and 42 district nurses of local Associations working part-time.

This then was the basis on which the School Health Service was founded — a few school medical inspectors and local bands of voluntary workers leavened with a few trained nurses who accepted the challenge presented by the conditions which confronted them. Schools were for the most part badly planned, badly lighted and ventilated, and insanitary. Outbreaks of infectious disease were frequent; many children were malnourished, verminous, poorly clad, and suffering from defects of sight and

SCHOOL WINDOWS

SANITARY CONVENIENCES—

OLD AND NEW

CLOAKROOM CONDITIONS

hearing; the common skin diseases, particularly ringworm, impetigo, and scabies, were an everyday feature of the life of the school; and cases of bone tuberculosis and osteomyelitis were frequently encountered.

Within the framework of legislation which remained virtually unchanged until the 1944 Act, the School Health Service has gradually grown and developed and the benefits to the school child which have accrued from it are immeasurable. The staff of the School Health Service today includes some 55 School Medical Officers, working jointly in the other health services, 312 school nurses who are also health visitors, ancillary staff such as speech therapists, physiotherapists, and psychiatric social workers. Facilities for treatment have grown from a few minor ailment clinics to 221 minor ailment, 58 ophthalmic, 15 consultant ear, nose and throat, 17 consultant orthopaedic, 17 paediatric, 40 speech therapy, and 47 ultra violet light treatment clinics. The newest development is the establishment of the Child Guidance Service, which although still in its infancy now has a staff of 3 psychiatrists (part-time), a psychologist, and 2 psychiatric social workers, and 5 child guidance centres.

How have the school children fared through this period of fifty years and how far have the conditions under which they are educated been improved? Many of the old schools have been improved — they are brighter places, better ventilated, the sanitary conditions have been transformed and modern heating systems have been installed. Many new schools have been built, particularly during the post-war period since 1946. Old, and to some extent, insanitary schools still exist which have long since fulfilled their purpose and which are not capable of being modified and improved to accord with present-day standards: these are gradually being replaced under the Education Committee's Development Plan. Contrasting photographs, reproduced from the Education Committee's booklet "Ten Years of Change", are published on the preceding pages of this Report. The children are today, on the whole, well-nourished, adequately clad, clean, and alert. Malnutrition is seldom seen, severe outbreaks of the commoner infectious diseases are encountered only infrequently, cases of ringworm are rare, and skin conditions such as impetigo and scabies, although still present to some extent, no longer constitute a problem. Head infestation is still a problem in some areas but the position is improving year by year. Defects are still discovered at routine medical inspection, but facilities are readily available for prompt treatment and there is little chronic ill health in children. The handicapped child has now been given his chance in life with the ever-widening provision of special schools for the handicapped.

It is not suggested that all these improvements can be credited to the work of the School Health Service.

Other influences have been at work during this period: the work of the Maternity and Child Welfare Service, which by the endeavour of those employed in it has achieved a higher standard of child care and management in the home; the local authorities who have improved the sanitary circumstances of their areas and made great strides in providing better housing conditions; the rising standard of living amongst the population; and the National Health Service Act which by providing a free medical service has led parents to seek early treatment for their children, without the former anxiety as to whether the cost of treatment could be afforded. All these influences have made their impact on the health of the school child, but the School Health Service can rightfully take its share in these achievements which have resulted in the present high level of sound health in the Nation's school children.

No review of the School Health Service over the past fifty years would be complete without an account of the growth and development of the School Dental Service, and of the School Meals Service, which although not an integral part of School Health, has, nevertheless, done much to improve the standard of nutrition in a large number of children.

The following report on the School Dental Service is submitted by Mr. Townend, the Chief Dental Officer, who can be regarded as one of the pioneers of school dentistry. That on the School Meals Service has been kindly submitted by the Chief Education Officer and his School Meals Officer.

The School Dental Service. The year 1957 marks the 50th Anniversary of the passing of the Education (Administrative Provisions) Act.

Under this Act, Local Education Authorities were empowered to start and develop schemes for the medical and dental welfare of children attending elementary schools.

The appalling state of children's teeth had long been recognised and school clinics had been established in Germany during the early years of the century. In this country, a School Dental Clinic was set up in 1907 at Cambridge through the munificence of Mr. Sedley Taylor and it is interesting to read that "The premises consisted of two small rooms in a garden, one used as a waiting room supplied with toys for the diversion of the children, the other being the surgery, suitably fitted."

After the passing of the 1907 Education Act the Local Education Authority of Cambridge considered the taking over of the Dental Institute, as it was called, as an Educational Centre, the chief reasons leading them to this decision being:—

"(1) That inspection shows that dental disease among children is terribly prevalent in Cambridge as elsewhere.

(2) That it is generally agreed that such dental disease is productive of serious and lasting evil to health.

(3) That there is no hope that it can be dealt with by private practitioners.

(4) That the experiment of the past year (1908) shows that, though the amount of dental disease is more than one dentist can fully cope with, he is able to treat a very large proportion of children at the age most critical from the dental point of view."

Medical inspection of school children, the provision of which became a statutory duty under the 1907 Act, concerned itself very closely with the state of the teeth and the Annual Reports of the School Medical Officers of these times are full of extremely gloomy pictures. In 1908 Dr. Brewer, a School Medical Officer of the West Riding is quoted as saying, "It is almost hopeless to induce parents to obtain the advantages of conservative dentistry". Later in the same Report, Dr. James Robert Kaye, the Medical Officer of Health to the West Riding says:—"All this leads us to consider what is to be done at present with the carious teeth found. Some have advocated the appointment to Education Authorities of 'Flying' dentists who could go from school to school examining and treating teeth. For a district like the West Riding the question involves a huge problem, the complete solution of which is not at present within reach."

In 1913, however, a start was made at attacking the problem, and we read the following in the Report of the School Medical Officer:—

"The problem of providing adequate means of dental treatment is a complex one, but during the past year it has been taken in hand, and we can now congratulate ourselves in having established and put in working order a system of free dental treatment, which is capable of expansion and adjustment to meet the demands of our large area. In April and June Dr. Crowley, of the Board of Education, attended meetings of the Education Sub-Committee convened to consider the financial aspect of the whole question and as a result a scheme of dental treatment was drawn up and approved by the Committee. This scheme proposed that ten whole-time dentists, or their equivalent in part-time dentists, should be appointed to give the necessary treatment to all cases aged 6 and 7, and to urgent cases aged 8 and over. As a beginning three whole-time dentists have been appointed, and these are now inaugurating the work in three selected areas, viz.:—Skipton, which is mainly agricultural; Wakefield, which is a factory and mining community; and Doncaster, which is a mining and agricultural district. The information derived from these typical areas will be of great value in the further handling and extension of the scheme."

The three pioneers of the West Riding School Dental Service had no easy furrow to plough. In 1914, Mr. Raeburn, one of these pioneers, remarking on the appalling condition of things that obtained says:— "To say that 90 per cent. of the children examined are in need — most of them in urgent need — of dental treatment is if anything to understate the case." He refers to the fact that 40 per cent. to 50 per cent. of the offers of treatment are not accepted and goes on to say:—"It may be of interest to record that a certain proportion of parents not only refuse to have their children treated, but go out of their way to threaten the dentist with all sorts of dire penalties if he dare put a finger on their children. It is difficult to appreciate the aggressively hostile attitude of such people towards a scheme so beneficial to the child."

The First World War saw two of the Dental Officers in H.M. Forces but two part-time officers were appointed so that after the War the staff consisted of three whole-time and two part-time officers. This state of affairs obtained until 1921 when another officer and myself were appointed bringing the establishment to five whole-time and two part-time officers.

It is interesting to look at some of the areas which were covered or rather attempts were made to cover in those early days. I was relatively fortunate in that I had only 82 schools with 18,922 scholars in average attendance. One of my colleagues had 100 schools with an average attendance of 29,947. In some of our more favoured areas today we have a ratio of one dental officer to 3,000 children.

In 1935 the County Council honoured me by appointing me Senior Dental Officer and in the same year an extension of the Dental Service was initiated by the appointment of 10 additional Dental Officers with a further increase in staff in 1936 to bring the establishment up to 30.

In 1935 the Secondary Schools were brought into the net of the School Dental Service and there were some rather tricky negotiations with the Part III Authorities, but obstacle after obstacle was surmounted and the Dental Scheme flourished.

The Second World War sadly depleted our ranks as most of the younger men volunteered for service with H.M. Forces. In spite of these losses it was a stimulating period with the thoughts of a brave new world in the air. Planning for the future occupying the hearts and minds of all of us.

In 1944 I had the honour to present to the County Council a fairly lengthy memorandum on the Dental Service. In this memorandum an establishment of 1 Chief Dental Officer, 6 Area Dental Officers, 62 Dental Officers, was proposed and a strong point was reiterated which I had made in 1938 in favour of establishing fixed clinics to replace the peripatetic clinics which had been used in the past.

Since the War we have established 32 clinics and re-equipped 5.

The years 1945 — 1948 were years of optimistic expansion, but the Health Act of 1946 came as a severe blow to our hopes and aspirations. Private practice in dentistry boomed. Fortunes were

being made, and who could blame the dentist leaving us who saw his friends making a lot of money while he remained on a very low salary. In the West Riding we lost 21 officers in these years and our recruitment was, and still is, practically nil.

In conclusion, perhaps I may be permitted to offer a few personal reminiscences over the period of between forty and fifty years in which I have been engaged in public dentistry.

I held my first post in the service in St. Helens in 1914 and at that time I was one of twenty whole-time officers in the whole of the country. A lot of work was done by part-time practitioners, and I replaced two such at St. Helens. In those days, although the school dental service was the only means through which a child could obtain free dental treatment, there was, as we have seen, a great deal of prejudice against such treatment particularly against conservative treatment, that is the filling of teeth. A very large proportion of consent forms would come back with the injunction "No fillings" often in capital letters and in red ink. The Dental Officer was in a quandary as to what to do for the best. The acceptance rate was the criterion by which the success or otherwise of a scheme was judged, particularly by the Medical Officer and if the Dental Officers did not accept the dictation of the parent, permission to treat at all was refused and the acceptance rate went down. In many cases the Dental Officer took the line of least resistance — took out the aching tooth or teeth which was all the parent wanted and the number of fillings which really represent the basic preventive work of dentistry went down and down, so much so in some Local Education Authorities that the Board of Education had to step in and suggest that the high acceptance rate was not the be all and end all of a successful dental scheme. The breaking down of prejudice, in other words propaganda, has always played a large part in the programmes and policies of the school dental service and the fact that it is a very rare occurrence nowadays for a parent to attempt to dictate as to what treatment her child shall receive is an indication that our efforts have been successful. The dental profession as a whole owes a great deal to the educative efforts which have been carried out by members of the school dental service. The fact that the service has been tied more closely to the education side rather than the health side of Local Authority activities has helped in these efforts. It is another example of so many of our customs which appear to be illogical but in practice work very well. Our difficulty today is that our educative efforts have produced a great demand for our services, but circumstances have developed which have made it impossible to obtain the man-power to supply the demand.

Another factor which has played a large part in improving the status of the service is the matter of the conditions under which the service is carried out.

In the early days of the scheme and up to 1936 we had no fixed clinics in the West Riding. Each Dental Officer had a portable equipment which was moved about from place to place in the area for which he was responsible, and he set up his clinic in any room which could be made available. At best this might be a teacher's room or a spare class room, at worst a cloakroom or even a back room in a public house! Is it any wonder that under these conditions many parents elected to take their children to "a proper dentist". This has all been changed with the development of an extensive clinic programme, and the staff are now all "proper dentists", so far as the conditions under which they have to work are concerned.

Looking back upon the half century of school dentistry, with which I have been personally connected for most of the period, the progress has been remarkable, but we have still a long way to go before we can regard our dental services with completely unashamed pride. Education of all the people and factors involved from the Central Government to the youngest pre-school child in all the facets of dental health in its relation to general health and well-being is of supreme importance. We are all ignorant. Dentists, doctors, administrators, general public — no group can claim freedom from ignorance and prejudice. Although much has been achieved in fifty years, let us hope that the next fifty years will see unbelievable advances.

The School Meals Service. A Royal Commission of 1902 was set up to enquire into the physical education of children. The recommendation that children suffering from malnutrition be fed by local authorities was a revolutionary one. A further Committee was established in 1903 and this Inter-Departmental Committee confirmed the previous report. In 1905 the Board of Education held an enquiry into the existing method of supplying free meals to children, a method which was wholly in the hands of charitable and sectarian organisations.

In 1906, the Provision of Meals Act was passed and although it was hoped that the proposed new School Medical Service would select the necessitous children, this, in fact, was not done. The Act provided for meals on school days only, and restricted the cost of the service to ½d. rate.

This Council provided mainly breakfasts for necessitous children during 1912, but the cost of these meals was later charged to the parents. The Act had failed because of the limited powers given to local authorities and because private charitable funds were required to prevent surcharges on the rates.

In 1914, a new Act was passed which allowed the Board of Education to make grants for meals and which also allowed the Chief Medical Officer to lay down a standard of nutrition for such meals.

The County Council took advantage of this offer and during August, 1914, 489 breakfasts and 3,892 dinners were supplied to 927 children in the Colne Valley, Bingley, Liversedge, Earby and Otley districts, at a cost of 1½d. to 2d. per meal.

During September, 1919, 527 breakfasts and 11,786 dinners were supplied in other areas of the West Riding, but it was obvious that the service never became a real one and reports of School Medical Officers did nothing to encourage the growth of the service.

In May, 1922, the Board of Education cut its total grant for the provision of meals to the sum of £300,000 for the country, thus reducing the original grant by 50 per cent.

As a result, the provision of free meals during the years of depression declined and rarely rose above 2 per cent. for England and Wales.

In 1928, as a result of a report by the County Medical Officer upon his investigation into malnutrition in the mining areas, Heads of schools were asked to submit lists of children considered to be in need. These children were examined by the School Medical Officers and a scheme was put into operation in 98 districts and applied to 643 schools whereby necessitous children were given extra nourishment and others could purchase at the charges shown below:—

Dried Milk	1d. per half pint.
Fresh Milk	1½d. per half pint.
Cod Liver Oil	4 teaspoonsful for 1d.

Biscuits were provided free.

Between November, 1928 and March, 1929, the number of children receiving this extra nourishment rose to 16,900 weekly. Of this number 55 per cent. were free and were certified to be in need of such nourishment.

In 1929, depression was serious, and in that year the County Council established its first feeding centre at Featherstone. This canteen was conducted by voluntary labour. All meals were free and from this centre and a few others 100 breakfasts and 295 dinners were being supplied each week by December, 1929.

A further survey of mining districts was undertaken by the School Medical Officer with particular attention to defective nutrition.

As a result the numbers certified as being in need of additional nourishment increased, and arrangements were made for the supply of meals at Hoyland School and Ryhill School. In March, 1930, 85 children were receiving meals at these centres.

In September, 1929, the supply of liquid milk was increased and by 1930 very few schools used dried milk. Free milk was now being issued at the rate of 89,000 bottles weekly.

By June, 1930, the breakfasts had ceased, but the dinners supplied were 2,660 weekly and occasionally over 3,000 weekly. Of these meals, only 10 weekly were supplied for payment. Payment for the meals was assisted by moneys from the Lord Mayor's Fund for Distressed Areas.

Reports from Medical Officers confirmed the value of these meals, but still there was no direct connection between medical inspection returns and the necessity for a school meal. In addition, School Medical Officers were conscious of the fact that parents still associated free meals with the Poor Law.

In December, 1930, the Board of Education stated, "The Board are glad to note that, in the view of their Medical Officers, the arrangements for the ascertainment of malnourished children in the Riding are generally satisfactory, and that a uniform basis of selection is maintained at inspections".

The School Canteens Sub-Committee agreed to the Board's suggestion that where definite evidence of malnutrition existed, the ration of milk in such cases should be doubled. By March, 1931, 99,302 was the average weekly issue of free subsidiary nourishment to 23,539 children. In addition, 66,857 children paid for such nourishment. By 1931, the West Riding issued in the elementary schools 30 per cent. of the free milk issued for England and Wales. At the same time, the number of centres for the provision of meals had increased to 13, at which 1,094 children received meals. By 1936, 52,375 were receiving free subsidiary nourishment and from 14 centres an average of 3,510 dinners were supplied free each week to 702 children. There was no increase in the number of children paying, namely, 10.

After 1937, there was an increased demand for meals owing to the reorganisation of schools and facilities were set up in many rural areas, and halls hired for dining purposes. By September, 1939, 7,200 meals were being supplied daily, half from 45 kitchens and half by private contract. By 1940, the scheme had grown and was causing financial worry to local authorities. This was partly relieved by an increase of grant from 50 per cent. to 60 per cent. Meals were charged at the cost of food only and varied from 3d. to 4d. and 5d. The overhead costs were claimed from the Board of Education.

With the spread of evacuation during the War years the effect on the health of the young gave rise to concern and in 1941 cooking depots were set up by the Ministry of Food which were given to the Council for the supply of school meals. These depots were for use by the Ministry of Food in an emergency.

By 1943, a rapid expansion in meals was expected and the Ministry of Works undertook to build a large number of prefabricated kitchens, completing 61 in the West Riding.

With the rise in grant in 1943 to 100 per cent. on capital costs and 80 per cent. of running costs, the service expanded still further.

The obligation to supply meals from 1st April, 1945, gave an increased burden to local authorities and when in April, 1947, the grant became 100 per cent. there was no cause for delay in fully meeting the demands of the service.

Thus, by 1949, the number of school canteens had risen to 345 supplying 130,000 meals daily, and these meals were supplied according to a nutritional standard laid down by the Minister's Medical and Scientific Advisers.

Today every school is supplied with meals except Ulley Infants' School, which eleven children attend. There is no demand for meals here.

The Meals Service operates from 430 kitchens and served in October, 1957, 121,962 meals daily. The cost of 25 million meals supplied in 1957-58 was approximately £2,391,165.

A strict method of hygiene is in force in all the Council's school meals establishments, especially with regard to the preparation of foods. Since the introduction of the Food and Drugs Act of 1955, the Authority has, in consultation with the Medical Officer, given high priority to the fulfilment of the Act and to this end has already spent the sum of £37,000.

This service, now so closely linked to the School Medical Service, is one which can, by its nutritional policy and by its variety of menu, introduce the child to a new concept of food which in the course of time may raise the general standard of nutrition. The approach today is an entirely different one from that of 1906.

The Milk in Schools Scheme. The Milk in Schools Scheme, begun in 1934 by the Milk Marketing Board, had not succeeded in fully establishing itself. One-third of a pint of milk cost ½d. to the pupil and the maximum usage was 50 - 55 per cent. of the pupils attending school.

The Ministry of Food took over the Milk in Schools Scheme in October, 1940. In August, 1946, milk was supplied free and consumption in schools rose to 90 per cent. of the roll. Free milk extends to pupils under 18 attending full-time courses at technical institutions and further education establishments, and to children attending independent schools.

Local Education Authorities are now responsible (October, 1954) for the administration of this service, including the service of milk to independent schools. The total sums involved are recoverable from the Ministry of Education.

Below is a summary of the Milk in Schools Scheme in the West Riding:—

	No. of Pupils Supplied Daily	
	Liquid Milk	*Milk Tablets*
Maintained Schools 1,311	195,966	38
Non-maintained Schools 88	8,466	—

Cost per annum: £420,000 approximately.

REPORT FOR THE YEAR 1957

The Medical Inspection of School Children

The number of pupils on the registers is as follows:—

	Boys	*Girls*	*Total*
Nursery	284	263	547
Primary (County)	67,101	63,575	130,676
Primary (Voluntary)	23,636	22,144	45,780
Secondary Modern (County)	28,901	26,548	55,449
Secondary Modern (Voluntary)	1,105	1,307	2,412
Secondary Grammar	12,087	12,441	24,528
Secondary Technical	1,371	1,138	2,509
Comprehensive	2,012	1,871	3,883
Special Schools	462	339	801
	136,959	129,626	266,585

83,250 periodic medical inspections and 29,241 special inspections and re-examinations were made during the year compared with 89,564 and 34,021 in 1956. It is still the policy to examine children as a matter of routine four times during their school life and as there has been a good deal of public criticism of routine school medical inspection recently, it should be emphasised here that a large part of the value of routine school medical inspection lies in the fact that it *is* routine. Parents today take their children to their family doctor when the child is acutely ill and may take him for any other cause, but there may be a condition present in the child of which the parent is unaware. When this child is presented, just as he is in school, to the School Medical Officer, ways are discovered

in which he can be helped. The School Health Service is ever on the alert to prevent anything in the child's whole make-up from going wrong — the aim of the School Health Service is to gain for each child complete physical well-being, mental achievement of the highest order, emotional satisfaction, and maturity, social understanding and sympathy. Education gives its own direction and encouragement to the child and the School Health Service plays its own increasing part; for, as the standard rises, it insists that all children should be helped and raised to the physical best of which they are capable.

With increasing knowledge of the need to detect as early as possible any defect which could impede a child's physical, mental, or emotional progress, routine medical inspection by a School Medical Officer when the child first enters school is absolutely imperative. This examination is the basis of the child's educational life in the school, for any defects found must be corrected or allowed for, and the teacher must be aware of any special responsibilities for the child's well-being in this respect.

At this first routine medical inspection defects of vision should be ascertained, for much can be done if these are found early enough. Defects of hearing should have been found before the child comes to school, but even if they are undetected before the age of five years, much may still be done to help a child so handicapped.

A routine school medical inspection should be carried out before the child leaves school so that every help may be given to the child in his dealings with the Youth Employment Officer. The intermediate examinations are open to a certain amount of criticism, but in such a large geographical area as the West Riding, it would be almost impossible to substitute for these intermediate routine inspections an equally efficient system of supervision.

The following tables give details of the numbers of medical inspections made in the various age groups, the number found to require treatment, and the number treated.

Table I

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Special Schools)

A.—Periodic Medical Inspections

Age groups inspected and number of pupils examined in each.

Entrants	22,363
7 to 8 year group	18,767
Last year primary	15,511
First year secondary	7,939
Last year secondary	16,965
Total	81,545
Additional Periodic Inspections	1,705
Grand Total	83,250

B. Other Inspections

Number of Special Inspections	19,872
Number of Reinspections	9,369
Total	29,241

C.—Pupils Found to Require Treatment

Number of individual pupils found at Periodic Medical Inspection to require treatment (excluding Dental Diseases and Infestation with Vermin).

Group (1)	For defective vision excluding squint (2)	For any of the other conditions recorded in Table III (3)	Total Individual Pupils (4)
Entrants	404	2,530	2,840
7 to 8 year group	926	1,636	2,457
Last year primary	904	1,559	2,396
First year secondary	466	535	959
Last year secondary	991	1,282	2,209
Total	3,691	7,542	10,861
Additional Periodic Inspections	79	197	259
Grand Total	3,770	7,739	11,120

D.—Classification of the Physical Condition of Pupils inspected in the Age Groups recorded in Table I.A.

Age Groups inspected (1)	Number of Pupils inspected (2)	Satisfactory		Unsatisfactory	
		No. (3)	% of Col. 2 (4)	No. (5)	% of Col. 2 (6)
Entrants	22,363	21,771	97·35	592	2·65
7 to 8 year group	18,767	18,310	97·56	457	2·44
Last year primary	15,511	15,210	98·06	301	1·94
First year secondary	7,939	7,832	98·65	107	1·35
Last year secondary	16,965	16,708	98·49	257	1·51
Additional periodic inspections	1,705	1,693	99·30	12	0·70
Total	83,250	81,524	97·93	1,726	2·07

Table II

Infestation with Vermin

(i)	Total number of individual examinations of pupils in schools by the school nurses or other authorised persons	481,239
(ii)	Total number of *individual* pupils found to be infested	10,459
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	169
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	43

Table III

Defects found by Medical Inspection in the Year ended 31st December, 1957

Note.—All defects noted at medical inspection as requiring treatment are included in this table, *whether or not this treatment was begun before the date of the inspection.*

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS						SPECIAL INSPECTIONS	
		Entrants		Leavers		TOTAL (including all other periodic age groups inspected)			
		Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation
4	Skin	285	315	329	175	1,171	1,015	748	227
5	Eyes—a. Vision	399	709	994	1,821	3,770	6,544	972	2,153
	b. Squint	300	415	29	105	510	1,157	128	325
	c. Other	79	67	35	40	251	235	133	67
6	Ears—a. Hearing	44	182	22	81	143	579	68	204
	b. Otitis Media ..	101	169	36	81	249	535	104	157
	c. Other	75	76	69	34	290	193	78	46
7	Nose and Throat	660	1,826	114	292	1,384	4,179	383	837
8	Speech	145	405	19	29	356	705	336	267
9	Lymphatic Glands	47	668	5	75	90	1,460	24	332
10	Heart	33	256	41	141	151	901	32	336
11	Lungs	176	577	40	167	386	1,383	145	461
12	Developmental—a. Hernia	40	79	10	10	78	217	12	47
	b. Other ..	74	294	15	62	174	826	33	246
13	Orthopaedic—a. Posture ..	50	107	119	115	381	650	86	114
	b. Feet ..	263	364	194	249	976	1,382	254	399
	c. Other ..	164	533	74	190	469	1,452	267	456
14	Nervous System—								
	a. Epilepsy ..	19	38	16	25	63	160	30	48
	b. Other ..	60	89	17	29	154	342	31	93
15	Psychological—								
	a. Development ..	16	91	13	57	110	594	152	333
	b. Stability ..	31	214	13	122	140	767	83	225
16	Abdomen	15	46	12	16	50	147	14	40
17	Other	248	106	241	133	1,090	636	1,287	311

Table IV

Treatment of Pupils

Notes

(a) Treatment provided by the Authority includes all defects treated or under treatment during the year by the Authority's own staff, however brought to the Authority's notice, i.e. whether by periodic inspection, special inspection, or otherwise, during the year in question or previously.

(b) Treatment provided otherwise than by the Authority includes all treatment known by the Authority to have been so provided, including treatment undertaken in school clinics by the Regional Hospital Board.

Group 1—Eye Diseases, Defective Vision and Squint

	Number of cases known to have been dealt with	
	By the Authority	*Otherwise*
External and other, excluding errors of refraction and squint	1,594	128
Errors of refraction (including squint)	—	17,662
Total ..	1,594	17,790
Number of pupils for whom spectacles were prescribed ..	—	9,782

Group 2—Diseases and Defects of Ear, Nose and Throat

	Number of cases known to have been treated	
	By the Authority	*Otherwise*
Received operative treatment—		
(a) for diseases of the ear	—	38
(b) for adenoids and chronic tonsillitis	—	1,517
(c) for other nose and throat conditions	—	72
Received other forms of treatment	1,318	90
Total ..	1,318	1,717

Total number of pupils in schools who are known to have been provided with hearing aids—		
(a) in 1957	2	18
(b) in previous years	1	90

Group 3—Orthopaedic and Postural Defects

	By the Authority	*Otherwise*
Number of pupils known to have been treated at clinics or out-patient departments	1,049	570

Group 4—Diseases of the Skin (excluding uncleanliness for which see Table II)

	Number of cases treated or under treatment during the year by the Authority
Ringworm—	
(i) Scalp	3
(ii) Body	16
Scabies	95
Impetigo	820
Other skin diseases	3,688
Total	4,622

Group 5—Child Guidance Treatment

Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority	358

Group 6—Speech Therapy

Number of pupils treated by Speech Therapists under arrangements made by the Authority	1,389

GROUP 7—OTHER TREATMENT GIVEN

(a)	Number of cases of miscellaneous minor ailments treated by the Authority	27,572
(b)	Pupils who received convalescent treatment under School Health Service arrangements	86
(c)	Pupils who received B.C.G. vaccination	6,876
(d)	Other—	
	1. Ultra Violet Light Treatment	1,445
	2. Chiropody	458
	Total (a)—(d)	36,437

Care of the Handicapped Child

The ascertainment of the various types of handicap in childhood, with the need to be familiar not only with the more usual types of defect, but also with the obscure familial types of disease leading to defect, forms a large part of the School Medical Officers' work today. And the need to evaluate the extent of the defect and the responsibility of recommending any form of special educational treatment is an onerous duty not lightly undertaken by any member of the School Health Service. The power to recommend to the Education Committee special educational treatment for blind, deaf, epileptic, physically defective, or mentally defective children (as this latter class was then described) was given by the Education Act of 1907. The Education Act of 1918 increased the number of categories of handicap to eight and for the first time a child with behaviour disorders, called the neuropathic child, was recognised as being in need of special treatment. But all the categories were clarified as we know them today by the Handicapped Pupils and School Health Service Regulations of 1945 and 1953.

In the Education Act of 1944 for the first time power was given to an Education Committee to provide "tuition otherwise than at school", but this can only be given by reason of some "extraordinary circumstance", this latter not including the parents' reluctance to accept a vacancy in a special school.

The Authority now possesses four boarding special schools for educationally sub-normal children — two for juniors and two for senior children — as well as two day special schools for junior educationally sub-normal children, and one day special school for the full range of educationally sub-normal children from 7-16 years. This last named was opened at Swinton in South Yorkshire and it is anticipated that another similar type of school at Cleckheaton will open in April, 1958. In addition, there is a boarding special school for deaf and educationally sub-normal boys which admits children from all parts of the country. There are two boarding special schools for delicate children and two residential homes for maladjusted children in the West Riding. With the second new all age school for educationally sub-normal children already mentioned, the Education Committee are doing their utmost to conform to the trend for day instead of boarding special school placement. But it must be clear that not all areas will be in the fortunate position of having day special school facilities, and indeed, in those areas which do possess a day special school, there will be a few children whose need will be much better met by placement in a boarding special school. It is realised full well that the task of getting a reluctant parent to agree to boarding special school education for his child lies with the Education Department, but it is felt that each examining School Medical Officer can do much to make this task easier. At some time during the period of examination of the child all the advantages of special educational treatment could be placed before a parent. All categories of handicap require very great care and consideration, not only during the ascertainment, but also in regard to the recommendation eventually made and it can, therefore, be readily understood that there is a very essential need for School Medical Officers to keep themselves up to date in their scientific knowledge. This is best achieved by attendance at refresher courses from time to time.

The number of new ascertainments and re-examinations undertaken by the School Medical Officers during the year was as follows:—

Category	*No. of Examinations*
Educationally sub-normal	931
Physically handicapped	214
Delicate	181
Deaf	30
Partially deaf	12
Epileptic	26
Speech (requiring special school)	3
Maladjusted (requiring hostel or special school)	56
Blind	4
Partially sighted	20
Double defect	23
Total	1,500

The following table gives details of handicapped pupils and placings in special schools and hostels during the year, and particulars of the number of children in residence in special schools at the end of the year:—

Category	New Ascertainments	New Placings in Special Schools	Total No. attending Special Schools		No. Boarded in Homes or Hostels	No. Attending Independent Schools	No. Awaiting placement in Special Schools	No. receiving Home Tuition
			Day	Boarding				
Blind	4	3	—	41	—	2	7	1
Partially Sighted	16	10	9	48	—	—	19	1
Deaf	10	20	31	144	—	—	6	—
Partially Deaf	2	6	8	36	—	—	2	—
Delicate	83	80	91	83	3	—	17	2
*Physically Handicapped	19	24	14	86	—	14	23	46
Educationally Sub-normal	224	253	290	311	—	17	521	1
Maladjusted	36	28	—	3	33	—	8	—
Epileptic	5	10	—	30	—	—	—	2
Totals	399	434	443	782	36	33	603	53

* Excluding children sent to or awaiting places in Hospital Schools. At the end of the year there were 271 children on the registers of hospital special schools.

The Physically Handicapped Child.—The chief causes of physical defect in childhood listed in order of numerical preponderance are cerebral palsy, poliomyelitis, and heart defects. To these must be added the much rarer conditions of muscular dystrophies, congenital defects and deformities, and blood diseases. Fifty years ago the picture was very different—the largest single cause of physical defect was tuberculosis, both bone and lung. Another cause was osteomyelitis which was often followed by crippling defect, but since the advent first of the sulphonamides and later of the antibiotics, this disease is very soon under control with no disabling sequelae.

The cases of cerebral palsy now being dealt with in the School Health Service appear to be slightly more numerous than they were fifty years ago, no doubt on account not only of the publicity this condition has aroused in late years, but also on account of the many agencies available for making known to the Authority the cases which do occur. In those early days cerebral palsy was described as Little's Disease, named after the doctor who first described the condition late in the nineteenth century. Since that day much research has been done and many efforts made to provide for the educational needs of those children who do not have a single handicap, but frequently many. For, in addition to the obvious physical disability of all cases of cerebral palsy, there may be defects of hearing, blindness, speech, and loss of intellectual capacity in varying degrees. This last named defect is of major importance to the School Health Service in that it governs not only the child's response to education as such, but also limits the child's response to physical treatment. This facet of cerebral palsy is one which tends to be lost sight of by the enthusiasts, but it is nevertheless an incontrovertible fact. The Americans, who have done so much research into this condition, claim that seventy-five per cent. of children with cerebral palsy are ineducable.

As will be understood, each case of cerebral palsy which presents itself to the School Health Service is one which challenges the ability of the School Medical Officer to the full in that it is exceedingly difficult to assess the educability of these children. In the majority of cases, the School Medical Officer is able to arrive at a reasonable decision, but where additional difficulties are present, such as loss of sight, hearing, or speech, then the clinical psychologist is able to help in the assessment by reason of his battery of performance tests. The odd case does occur where observation by a skilled team over a period is the only method of assessing such a child's educability.

Particulars relating to educable cerebral palsied children in the county are shown below. The figures include children of pre-school age and many who are not so severely handicapped as to need ascertaining officially as handicapped children.

Total No. of educable spastics	No. accommodated in special schools	No attending ordinary schools		No. receiving Home Tuition	No. receiving no education
		Satisfactorily	Needing placement in Special schools		
207	96*	68	34	4	5

* Accommodated as follows:—

St. Vincent's Special School, Pinner	1
Tudor Grange Special School, Warwick	1
Heritage Craft Schools, Chailey	4
Adela Shaw Orthopaedic Hospital, Kirkby Moorside	9
Royd Edge School for Educationally Sub-normal Children	3
Holly Bank Special School, Huddersfield	19
Exhall Grange, Coventry	3
Pield Heath House Special School, Hillingdon	1

Braithwaite Open Air School, Keighley	1
Bradstock Lockett Hospital School, Southport	1
Hesley Hall Special School, Tickhill	7
Camphill Rudolf Steiner Special School, Thornbury Park	2
Wilfred Pickles' School, Tixover Grange, Duddington	4
Town Hill Park Special School, West End, Southampton.	1
Hinwick Hall School, Wellingborough	2
St. Rose's R.C. Special School, Stroud	1
Baliol School for Educationally Sub-normal Pupils	3
Springfield School for Educationally Sub-normal Pupils	1
Etton Pasture School for Educationally Sub-normal Pupils	1
Moorlands Open Air School, Dewsbury	1
Bethesda Home, Salford	2
National Children's Home, Chipping Norton	2
Brighouse Open Air School	3
Rob Roy Special School, Oakham	2
Victoria Home Special School, Bournemouth	1
Stile Open Air School, Todmorden	3
Leasowe Children's Hospital	3
Whiteness Manor, Broadstairs	1
Welburn Hall Special School, Kirkby Moorside	2
Wombwell Day School for Educationally Sub-normal Pupils	1
St. Margaret's School, Croydon	1
Lister Lane Day Special School, Bradford	1
Shipley Day School for Educationally Sub-normal Pupils	1
Lingfield School for Epileptics	2
Maghull Home for Epileptics, Maghull, Liverpool	2
Irton Hall Special School, Cumberland	2
Chaucer Street Special School, Oldham	1

Heart defects present themselves as "murmurs" tacked on to or replacing the normal heart sounds heard on auscultation, and they may originate as congenital defects or as sequelae to rheumatic fever. In not a few cases, murmurs may be perfectly innocent in that they indicate no defect which is of any importance to the patient, but fifty years ago, every heart murmur, no matter what its cause or significance, was treated with the utmost gravity and the child prevented from leading a normal life. During the past two decades, however, great strides have been made in the medical world as to the cause, significance, and even cure of heart lesions in childhood, and School Medical Officers no longer impose a life of inactivity on children with innocuous heart murmurs. In the field of cardiac surgery too, great advances have been made, so that children who would rightly have been condemned to a mere existence even twenty years ago now stand a chance of being made fit to lead a normal life.

The children who suffer severe crippling defects as a result of an attack of poliomyelitis usually require education in a Hospital School where treatment is also available. Some are capable of benefiting from education in a school for the physically handicapped and those who are lucky enough to acquire little or no physical defect return to the ordinary school.

Circular 300 of the Ministry of Education on Special Educational Treatment for Physically Handicapped Children was mentioned in my last Report. In so far as the suggestion in the Circular to make better use of existing day and boarding special schools and to improve the services within these schools is concerned, it should be pointed out that the possibility of the provision of speech therapists and physiotherapists is virtually unchanged. There are just not enough speech therapists for all the Authorities which require them and physiotherapists are more inclined to remain in hospital posts than transfer their services to special schools.

With regard to the provision of home tuition for physically handicapped children, it must be borne in mind that the recommendation for home tuition is only granted by the Local Education Authority by reason of extraordinary circumstances and not because a parent is unwilling to accept the provision of special educational treatment in a special school. With this in mind, it must be added that there will always be a small proportion of children for whom no educational provision other than home tuition is possible, namely, children suffering from a disease with a poor or hopeless prognosis.

The Delicate Child.—This category of handicapped child is on the decrease and now consists very largely of cases of bronchitis and asthma, with the occasional and rare case of debility. This decrease in the numbers of delicate children is prevalent all over the country—in some areas the open-air schools for delicate children now admit various types of physically handicapped; in other cases the schools have been closed as open-air schools and are now functioning as day schools for the educationally sub-normal.

Since the Authority decided to lower the age for admission to their residential open-air school at Ingleborough to six years, it has been found that the younger aged child responds more quickly to the regime of the open-air school, not only physically but also scholastically.

It should be pointed out once again the possibility of admitting, for a period of convalescence to the residential open-air school, children who would otherwise be sent to Convalescent Homes

outside the administrative area of the West Riding County Council. During 1957, the number of children sent for a period of convalescence of one to three months was 86, the number for 1956 being 89. These are children who require a period away from home, either because of a recent acute illness or on account of unsatisfactory home conditions.

The Authority's two boarding open-air schools are situated at Ingleborough Hall, Clapham, and Netherside Hall, Skipton, and they are visited twice annually by Dr. Harvey, Consultant Paediatrician, whose advice in regard to the children is always greatly appreciated.

The Blind and Partially Sighted Child.—Since last year's Report on the question of these two categories of handicapped children, the arrangements whereby the necessary examination of a blind or partially sighted child should be carried out by an ophthalmologist of consultant status, as set out in the Ministry of Education Memorandum 493, have proceeded smoothly. In cases where the child's vision necessitates special educational treatment in a special school for blind or partially sighted children, but where the child's intelligence is in doubt, the School Medical Officer and the Psychologist examine the child from the intellectual stand-point before a final recommendation is made.

The Deaf and Partially Deaf Child.—The number of deaf pupils requiring special educational treatment has been estimated at 0·7 to 1·0 per 1,000 registered pupils.

At the end of the year there were 181 deaf and 46 partially deaf pupils on the register requiring placement in special schools, of whom 31 deaf and 8 partially deaf were accommodated in day special schools and 144 deaf and 36 partially deaf were placed in boarding special schools, leaving 6 deaf and 2 partially deaf awaiting placement.

The problem of deafness in the young child has received a great deal of attention in recent years and the urgent need to ascertain such cases at the earliest possible moment was well emphasised by Miss Whetnall at the Grantley Hall weekend course in May, 1956. Miss Whetnall spoke enthusiastically of the hearing aid known as The Transistor Aid and since then a few children attending ordinary schools have been provided with such aids by the Education Committee, as well as all the West Riding deaf children in two boarding special schools outside the administrative area of the West Riding.

In 1957, authority was given for the purchase of two pure tone audiometers which are in use, but I am not yet in a position to give a report on the results.

The Epileptic Child.—It was stated by the Chief Medical Officer of the Ministry of Education in The Health of the School Child for the years 1954 to 1955 that 1 - 2 per 1,000 school children either have or have had epileptic seizures other than infantile convulsions. This figure is lower than that obtained as a result of medical examinations for National Service, a fact of which much has been made recently as pointing to a failure on the part of the School Health Service. Mothers tend either to forget the incidence of "fits" or deliberately suppress the information when children are examined at school. Other cases of epilepsy are discovered as it were by accident, as in the case of a child who was referred to a Child Guidance Centre on account of nocturnal enuresis, had an electroencephalogram done, and was found to be suffering from nocturnal epilepsy.

The School Medical Officers of today try very hard to keep in the ordinary school children who suffer from only the occasional fit, by enlisting the sympathy and co-operation of the teachers. It would be of great assistance to School Medical Officers if general practitioners and hospitals would keep them informed of children known to suffer from epilepsy, if for no other reason than a desire to make the path of an epileptic school child easier.

The Educationally Sub-normal Child.—As mentioned in the Report last year, the meeting of School Medical Officers held in October, 1956, and addressed by Dr. Weaver, C.B.E., Senior Medical Officer, Ministry of Education, and Mr. Parnham, H.M. Inspector, did a great deal to clarify the views of examining School Medical Officers on the type of child who is most suitable for special educational treatment in a special school. Children with an I.Q. range of 55 - 75 are those who profit most from special educational treatment. Occasionally children of junior school age with I.Q.'s lower than 55 are recommended, and if there is sufficient additional information on the Form 2.H.P. to justify the recommendation, then such children are given a trial period in one of the Authority's Special Schools.

The child with a normal or nearly normal I.Q. whose educational attainments fall far short of his potential is recommended for special educational treatment in the ordinary school. Such recommendations are studied by the Authority's Inspectors in an endeavour to find if any one area or school is being emphasised. The policy of the Education Committee in setting up remedial centres for children who are lagging behind educationally is proceeding slowly owing to lack, not only of buildings, but also of staff, but when there are remedial centres for all areas this type of child should never reach the School Medical Officer for an assessment of his intelligence.

It cannot be emphasised too strongly how very important it is to recognise a truly educationally sub-normal child as early as possible, and not only recognise him, but make the correct recommendation for his treatment, irrespective of whether such a recommendation agrees with the parent's views or not. School Medical Officers must take an objective view of each case and consider what is best for the child. Much valuable educational time is lost by either deferring a decision or failing to make one on account of parental opposition. If a decision for special educational treatment is deferred even for one or two years, then by the time it is made the child is approaching the age of

10 or 11 years, too old for admission to a special school for junior educationally sub-normal children, and with little hope of obtaining a vacancy in a special school for senior educationally sub-normal children, due to the lack of places in the senior schools.

As mentioned earlier, the all age day special school for educationally sub-normal children at Swinton was opened in January, 1957, and this has somewhat relieved the position in regard to senior educationally sub-normal children in that area. There has also been an increasing number of senior educationally sub-normal children accepted for placement in special schools maintained by County Boroughs.

During the year, 111 children were reported to the Local Health Authority under Section 57(3) of the Education Act, 1944, as being ineducable, and 91 children under Section 57(5) as requiring supervision after leaving school. The examination of such children is carried out by School Medical Officers approved for the purpose by the Ministry of Education and each child is examined meticulously and from every possible angle of its development. This is a very responsible part of the School Medical Officers' work and is a responsibility which is never undertaken lightly; it is no reflection on this work when it occasionally happens that a child, after a period in an occupation centre, is found to have improved sufficiently to justify a trial period in a special school for educationally sub-normal children.

Children with Speech Defects.—One of the ten categories of handicapped child as enumerated in the School Health Service and Handicapped Pupils Regulations, 1953, concerns children with speech defects. Any school child who is found to be suffering from a speech defect should be referred to the School Medical Officer of the area, who will examine the child, complete the necessary Medical Report on a special form and then refer the child to the speech therapist. As will be readily understood, there should be the closest possible co-operation between the School Medical Officer and the Speech Therapist, and with the idea of furthering this co-operation, a residential course on speech therapy was held at Grantley Hall for School Medical Officers in September, 1957.

Speech therapy commenced as an educational ancillary, the first speech therapists being employed by the Education Committee and remunerated as teachers. As speech therapy developed in its medical aspect, with increasing emphasis during training on anatomy, physiology, and neurology, it was realised that speech therapists would be more accurately classified as medical auxiliaries in the same manner as physiotherapists.

But to the majority of School Medical Officers the full range of a speech therapist's training, knowledge, and treatment was unknown, so we were exceedingly fortunate in obtaining for the weekend course at Grantley Hall the services of consultants and speech therapists who are of national importance. The order in which the lectures were given had to be arranged to suit the needs of the lecturers and not as one would have wished with the medical and diagnostic aspects first on the list followed by the treatment.

The first two lectures were given by Mrs. Marland, who is Speech Therapist to St. Mary's Hospital, Paddington, and who is recognised as an authority on stammering and also on the treatment of speech disorders in children with cerebral palsy. We were fortunate in having as the Chairman at the first meeting County Alderman Hyman, who is Chairman of the Governors of Grantley Hall.

In her lecture on stammering, Mrs. Marland pointed out that so little was known yet of this condition that the word "cure" should never be used. It is really a group of disorders, sometimes with a hereditary bias, but quite often with no family history. There is a connection with left-handedness which is not at all clear, but one may have cases of left-handedness in a family where there is also a stammerer. Again, some cases may have a deep psychological factor, while in others there is no such factor present. It is a "social" disorder and in this aspect Mrs. Marland pointed out that a stammerer never stammered when he was talking to a dog or horse, or to himself. Therefore, the speech thereapist must ascertain how the patient feels when he talks, as stammering is definitely a habit established motor pattern in the brain.

There is a type of stammer present in all children which is quite normal and which may only last for one week. This can occur about eighteen months of age and again at $2\frac{1}{2}$ years.

The treatment of stammering can involve psychological exploration, or psycho-analysis, or games with speech and voice exercises. A stammerer should be allowed to stammer as much as he wants and as there is a definite link between stammering and auditory perception, stammerers must be taught how to listen more accurately to normal patterns of speech. In the case of children, this is done by giving them gramophone records of a story which has been divided into short phrases. Tape recorders are also useful in the treatment. Stammering is five times more common in boys than in girls.

In her lecture on speech disorders in cerebral palsy, Mrs. Marland emphasised the need for speech therapists to have special training before being asked to treat cases of cerebral palsy. The physiotherapist and the speech therapist should work in close harmony in such cases, as the essential requisite to successful therapy, in Mrs. Marland's opinion, was the need to obtain complete relaxation in the patient. The need to establish normal posture was also emphasised, as there is a danger of making conditions worse if this is not achieved.

The third lecture in the series should have been given by Mrs. Hudson-Smith, Principal of Moor House Speech Therapy School, Oxted, Surrey, but Mrs. Hudson-Smith was unfortunately unable to come to Grantley Hall because of an outbreak of influenza in the School. Her paper was read by Dr. Worster-Drought, the Honorary Medical Director to the School.

Moor House School is the only Residential Special School for Speech Disorders in England and it accommodates 54 children. It was opened in 1946 with places for 30 children and in 1951 a separate school building was added to accommodate another 24 children. Dr. Worster-Drought added that the John Horniman Home at Worthing had been acquired by the School and it was hoped to open this Home in 1958 as a preparatory school taking an additional 15 children.

The children with speech defects who are admitted to this School must have a preliminary investigation in the School over a period of five days and every aspect of the child's defect is studied, including non-verbal intelligence tests. No child with an I.Q. lower than 80 is admitted to the School, but if not admitted, then the School attempts to advise the responsible Local Education Authority as to treatment.

The endeavour of the School is to attain normal or as nearly normal speech as possible. There are regular staff meetings between the educational and medical teams.

Three interesting medical points in this lecture were that (a) children with speech defects are very susceptible to infections due to Haemolytic Streptococci, Group A; (b) that children with speech defects tend to be undersized physically, and (c) the ideal age for referral to Moor House is $4\frac{1}{2}$ years.

Dr. Worster-Drought gave a very detailed lecture on the neurological aspects of speech disorders in childhood, and began by defining speech disorders as "any defect in the faculty of talking". Disorders of speech in childhood may be due to (a) imperfect development of the cortex of the brain, or (b) injury or disease affecting the cortex. There are auditory and visual word areas in a specific part of the brain cortex so that in auditory aphasia there is intact hearing with word deafness and in visual aphasia the child is unable to appreciate words, or in other words, suffers from word blindness (dyslexia).

In children of school age one of seven conditions may be the cause of speech defect:—(1) mental defect; (2) various forms of congenital deafness; (3) organic disease of the central nervous system, such as developmental defects, disease, or injury, e.g. cerebral palsy; (4) various forms of aphasia; (5) mechanical defects such as cleft palate; (6) functional disorders of speech in which no evidence of disease can be found, e.g. tics and stammering; and (7) psycho-neurotic or pre-psychotic.

In the condition popularly known as word deafness, but better described as congenital auditory imperception, there is a lack of development of a particular part of the cerebral cortex—the response to treatment of this disorder is slow but usually quite good. In the condition of dyslexia, which is a form of receptive aphasia, the child can see single letters and may even recognise two letter words, but there are no public facilities for the treatment of this condition which requires individual attention daily over a long period.

Miss Morley, the Speech Therapist in charge of the Speech Therapy Unit at the Royal Victoria Hospital, Newcastle-upon-Tyne, and who is the author of the text book entitled "The Development and Disorders of Speech in Childhood", gave two lectures during the course.

In her first lecture, Miss Morley dealt with speech therapy for children suffering from Cleft Palate. The term "Cleft Palate" is used when there is a lack of fusion between the two halves of either the hard palate or soft palate, or both, and if such an aperture exists in a child's mouth, it causes an inability to control the outlet of air through the nose and results in a very serious interference in the development and use of normal articulation. The normal articulation of most consonant sounds requires a degree of air pressure in the mouth which cannot be maintained if air escapes through a cleft palate, and this is true, although to a lesser extent, in the production of vowel sounds.

The treatment for such a defect may require surgery or the fitting of an obturator or speech therapy, or the combined efforts of a surgeon, orthodontist, and speech therapist. The obturator was first designed and used many years ago to cover a cleft palate, as an alternative to surgery. It is still used at the present time, but has been greatly modified from its original form and speech may be considerably improved by its use. Where operative treatment has been carried out, but there is still a residual fistula in the hard palate, a dental plate which covers the aperture and prevents the leakage of air pressure from the mouth is of the greatest value. Even a very small aperture may prevent the normal development of speech and such an appliance should be fitted as early in life as the dental surgeon considers possible.

The optimum age for operative treatment for cleft palate depends on the age at which the surgeon considers it most advantageous as regards the actual technique, as well as the best age for the subsequent development of normal speech. From the latter angle, early operation is advantageous for the basic patterns of speech are laid down from the time of the infant's first cry.

It has been found that when operation is not performed until the third or fourth year of life, although normal speech may be acquired spontaneously, the child will pass through a variable period of time when articulation is defective. Provided the child is normal in all other aspects, the younger the age at which operation is performed, the shorter this period of defective articulation will last. Following operative procedure, the child and his mother should attend a follow-up clinic

regularly every six months for an assessment of their progress and observation as to whether dental or orthodontic treatment may be necessary and for advice concerning the development of speech or speech therapy. The children who have had operative treatment between the ages of one and two years, and who have been seen by Miss Morley during the past six years, have had an assessment of their speech development and articulation made at the time of each visit to the follow-up clinic. Miss Morley stated that in these cases speech therapy was only undertaken after four years of age if it was thought that normal articulation would not be achieved spontaneously by the time the child was ready to start school at five years. It is Miss Morley's view that, with the great advances in surgical technique, speech therapy has become less important in the treatment of many patients suffering from cleft palate. It is only necessary in cases where surgery has failed to provide the necessary requirements for normal speech and in those who have failed to develop spontaneously the necessary co-ordinations for articulation.

In her second lecture, Miss Morley gave an exposition of the findings regarding speech defects in what is known as "The 1,000 Family Survey". This Survey was begun in Newcastle in 1947 and the idea was to watch over a sample of children for a period of 10 years, taking into account every single aspect of their birth, illnesses, development, etc. 1,000 children seemed a reasonable number to the team of organisers, so all the babies born in Newcastle-upon-Tyne from the 1st May, 1947, to the 30th June, 1947, were noted—there were 1,142 and at the end of the first year this number had dropped to 967 due to removals, non co-operation, etc. This was a completely permissive investigation which was supported by the Local Health Authority and the Local Education Authority and the Nuffield Organisation, in which members of all the various medical staffs co-operated.

In regard to the findings of the Speech Therapist, Miss Morley found that two-thirds of the 1,142 children had normal speech. The age of onset of speech varied considerably, some children producing single words at 6 months, some not till 8 months, and some at one year. The production of 2 to 3 words together, such as "Where's Mummy?" occurred at any time from 11 months to 18 months, up to 3½ years. It was evident that no one should worry unduly over delayed speech—in some cases of Miss Morley's a child had no words at 3 years and no phrases at 4 years, but yet learned to speak normally.

In the 1,000 family survey there were 37 cases of stammering under the age of 5 years and Miss Morley stated that there was a peak between 3 and 4 years of age when stammering was most likely to develop. Boys and girls begin to talk at about the same age, but boys have more difficulty with articulation than girls and stammering occurs more frequently in boys than in girls—it also persists longer in boys.

With regard to speech defects, it was found to be a very significant fact that there was an absence of speech defects in the first born child. Another significant fact which emerged from the survey was that 23 per cent. of children with speech defects suffered from a reading disability.

The lecture which has not been described was that given by Mr. Michael Oldfield and it consisted of a most interesting series of lantern slides in colour of many congenital disabilities.

At the end of 1957, there were 40 speech therapy clinics in operation. The following table gives details of the work undertaken at the clinics during the year:—

1.	Total number of sessions held during year	3,526
2.	(a) No. of new cases treated during year	634
	(b) No. of cases already attending for treatment from previous year	755
	(c) Total No. of cases treated (a + b)	1,389
3.	No. of cases awaiting treatment at end of year	602
4.	No. of visits made to schools	316
5.	No. of home visits	47

Analysis of Defects treated during year

		Boys	*Girls*	*Total*
1.	Stammering	326	69	395
2.	Defects of articulation—			
	(a) Dyslalia	479	175	654
	(b) Sigmatism	58	57	115
	(c) Rhinolalia, due to—			
	(i) Cleft Palate	31	18	49
	(ii) Nasal Obstruction	4	4	8
	(d) Dysarthria	10	7	17
3.	Aphasia	2	2	4
4.	Defective speech, due to—			
	(i) Educational Sub-normality	48	34	82
	(ii) Deafness	8	8	16
5.	Retarded speech development	65	15	80
6.	Dysphonia	10	3	13
7.	Other Defects	13	4	17

Analysis of cases discharged

No. of children discharged during year:—

1. Speech normal	247	97	344
2. Speech improved	75	28	103
3. Unsuitable for treatment ..	10	3	13
4. Non co-operation	68	23	91
5. Left school	24	6	30
6. Left district	25	6	31
7. Other reasons	10	6	16

The Maladjusted Child.—The following pages contain three reports on the work of the Child Guidance Service. There is a report by Dr. Leese on the full year's working of three centres at Wakefield, Mirfield, and Shipley; a report by Dr. Orme on the Rawmarsh Centre and a report by Mr. Pickles, Child Guidance Psychologist, who, in addition to working at all the centres with Dr. Leese and Dr. Orme, has also undertaken work in connection with the Skipton Centre, which has been held less frequently than the others and has been without the services of a psychiatrist throughout the year.

Towards the end of the year, the Leeds Regional Hospital Board appointed Dr. Kahn as Consultant Psychiatrist to the new Child Guidance Centre which the Authority have established at Harrogate. Welcome as this additional provision is, as evidenced by both Dr. Leese and Dr. Orme in their reports, there is an urgent need to expand the Service to meet the ever-increasing demands which are being made upon it. Steps are being taken by the Leeds Board to appoint further psychiatrists, who will work part-time in the Authority's existing centres, and it is also hoped to establish two additional centres at Goole and Todmorden to serve as diagnostic clinics.

If anything, the needs of the south of the county are greater. At present there is only the Rawmarsh Centre, held on one day per week, which is quite incapable of meeting the needs of a child population in the order of 100,000. Centres are required particularly in the Barnsley and Doncaster areas and steps are being taken by the Sheffield Regional Hospital Board to provide the services of an additional whole-time, or maximum part-time, psychiatrist in child guidance.

Dr. Leese reports as follows on the Mirfield, Shipley, and Wakefield Centres:—

"There has been little change of organisation in the centres this year. At the beginning of December Dr. Kahn opened the centre at Harrogate and Mrs. Nursten transferred from the Mirfield Centre to Harrogate as Psychiatric Social Worker. The effect will be to slow down the work at Mirfield, the result will be fewer home and school visits and less remedial reading help, and fewer new cases seen.

Every Child Psychiatrist is exercised as to the question of priorities in his centre. Should it be primarily a casualty service or a specialist out-patient service, and how much time can be given to preventive work? Towards the end of the year, I had to ask for a temporary cessation of referrals. Since I have no help with the treatment side of the work, it is rare if I am able to see more than one new case each clinic day. From the figures quoted it will be seen that whereas we carried 119 cases from 1956 to 1957, we are carrying 140 from 1957 to 1958. This in the main reflects the better selection by Divisional Medical Officers of cases suitable for treatment, but it thereby limits the time available for new cases. Of the new cases in 1957, I saw 54 boys and 32 girls over the age of 11. This is a high proportion of my total of 148 and includes hitherto unsuspected educationally sub-normal cases, Court cases, nuisance value cases, and sexual offences — the elements of a casualty service. These children may be psychiatrically disturbed, but their behaviour is more often the result of lack of self-discipline, itself reflecting on inadequate and inconsistent parental control. I deprecate the Child Psychiatric Service becoming in the main a Casualty Service, and make a strong plea for referrals of younger children, where remedial work is more likely to bring satisfactory results. To this end, I would again urge a group test of intelligence in school of the 7 - 8 year olds. Group tests are coarse sieves of ability, but they do give a guide as to which children are innately dull and may need special help in schools for the educationally sub-normal, and which come within the average range of intelligence and are not working to capacity. It is no argument to say that we have insufficient schools for the educationally sub-normal as yet to accommodate all the children of this range of intelligence. We know approximately the number of children needing such schooling, but from the mental health approach it is essential to know *which* children, since many of these will have to remain at the ordinary schools.

In reviewing the work at Nortonthorpe Hall, the West Riding Hostel for Maladjusted Boys, we find that we are admitting a different type of boy from that of two to three years ago. There are fewer applications for admission for the mildly disturbed boy, and an increasing number of applications on behalf of undisciplined boys aged 12-13 years. Some of these have been admitted with the full knowledge that they are likely to truant and steal, and have little control over their impulses to be self-indulgent. The truanting in particular has caused an element of unrest in the Hostel. Perhaps for this reason the length of stay of any particular boy in the Hostel is now longer than the average of two to three years ago. At the time of writing this report, about a third of the boys are on probation, as the result of Court Orders before their admission. The Hostel was intended primarily for boys whose major disturbance is in relation to their home life, but who are gaining satisfactions and are relatively well-adjusted at school and in the community. Boys who are in disharmony with more than their home life need a school for maladjusted boys. The West Riding has no such school for boys of less than Grammar School ability. Counties which have such schools naturally give priority to their own pupils, and secondarily to those whose homes are not far distant. In addition, no school is likely to consider accepting a boy unless there is a possibility of his remaining there for at least two years. A disturbance of such severity that leads to a boy being considered for admission to a school for maladjusted boys is one of many years' growth and is unlikely to resolve rapidly. A pupil at a boarding school for maladjusted pupils comes within the category of 'handicapped pupils' and the minimum school leaving age is 16 years. This does not apply to pupils in hostels who attend the local County schools. Because of the dearth of schools for maladjusted boys, we have accepted boys needing such a placement at Nortonthorpe Hall, on the grounds that a hostel is better than nothing and may cut short a course of behaviour set fair to take the boy to an Approved School. At present then, Nortonthorpe Hall is attempting to cater for two types of boy, those needing a hostel environment and those who should rightly be in a school. In my opinion, such a duality of function is unlikely to prove satisfactory.

During the Spring Term we had seven case conferences with post-graduate students from the Institute of Education of Leeds University, and welcomed their penetrating questions. During the Autumn Term we had six such meetings and were joined in four of them by Health Visitor Students also from Leeds University. Each discipline benefited from the contributions of the others. Also during the year we continued our meetings and discussions based on films

illustrating problems of inter-personal relationships. Officers from the Children's Homes, Children's Officers, and Probation Officers formed the main body of this group, which evolved from the meetings of the previous year with the Officers from the Children's Homes. Just as those meetings fulfilled a need and died a natural death, so have film discussions, and I am of the opinion that we could embark on case discussions initiated by Officers of the Children's Homes as 'unofficial' referrals. It is of interest that whereas in 1956 there were 13 referrals from these Homes, in 1957 there were only 3. This excludes those severely disturbed whom I have seen during their period of resettlement at the Reception Centre. We welcome the continued invitations to attend the Probation Officers' Conferences. Mr. Coulson, Psychiatric Social Worker at Wakefield, has been to several of these.

In conclusion, I would like to point out that little in the way of good results can be expected from Out Patient Child Psychiatry against an unsteady home background."

Mirfield, Shipley and Wakefield Child Guidance Centres

Report for Year Ended 31.12.57

	Boys	*Girls*	*Total*
No. of new cases seen during year ..	99	49	148
No. of cases continued from previous year	88	31	119
No. of cases recommended and admitted for residential treatment in hostels for maladjusted children (Nortonthorpe Hall and Hoober House)	12	7	19
No. of cases carried on to 1958	90	50	140

Types of Disturbance as diagnosed:

	BOYS			GIRLS			Total
	5 and under	6-10 years	11+ years	5 and under	6-10 years	11+ years	
Nervous Disorder	1	13	12	—	6	6	38
Habit Disorder	1	14	13	—	7	4	39
Behaviour Disorder	2	28	38	—	15	29	112
Organic Disorder	—	4	6	—	3	2	15
Psychotic Behaviour	1	—	—	—	—	1	2
Educational and Vocational Difficulties ..	—	11	11	—	5	9	36
Special Investigation—e.g. adoption	—	—	—	—	—	—	—
Unclassified	—	—	1	—	—	1	2
Total number of new cases ..	2	43	54	—	17	32	148

Dr. Orme reports as follows on the work of the Rawmarsh Centre:—

"Clinics have been held at Rawmarsh all day every Monday, as last year, with the whole team attending. The arrangement was made at the start of the year to hold clinics at High Green on alternate Thursdays with the Psychiatric Social Worker and Psychiatrist only, so that the emphasis has been on treatment there. For one reason or another these sessions have not been as regular as was hoped, but very useful work has been done in the informal atmosphere provided, and has shown that there is need for a regular clinic that can provide for the area on that side of Sheffield.

New Cases. Cases were referred rapidly in the early part of the year, so that a waiting list soon built up. School Medical Officers have obviously realised now that there is little hope of getting a case seen quickly, though a few most urgent ones have, of necessity, been seen before their turn (one case, for example, was a boy of 6 who attempted suicide).

It has not normally been practicable to see more than one new case each week. If this were done, the time available for treatment sessions would be further curtailed. With such a small time available for the clinic as a whole, it is inevitable that only a small number of those needing clinic help can be seen, and there is the consequent build-up of long waiting lists, both for diagnosis and for treatment, with the consequent unsatisfactory gap between diagnosis and treatment. From discussions with School Medical Officers and with general practitioners, it is apparent that they are very reluctant to refer a case because of the waiting time, and as a result only the most serious cases are seen. This means that many less severe disturbances, which would be amenable to treatment, are not being sent to the clinic. Presumably they are being left to develop minor degrees of neurotic and psychosomatic disorders, or until they have deteriorated to such a degree that they can no longer be tolerated. It should also be emphasised that most of these emotional and psychological difficulties have their roots in the early years of childhood, so provision should be made to deal with problems appearing before school age. There have been no referrals of pre-school children this year, but it is hoped that these will be made in the future.

An analysis of the main disturbances of new cases seen, on the basis of the classification suggestion in the Underwood Report, is given at the end of this report. The number is not considered large enough for further detailed analysis, and should not be taken too exactly as most cases cannot be exactly classified, e.g. M. a boy who has been made so nervous by his father's violent temper that he runs away from school and shows other behaviour disturbances rather than face any rebuke.

Treatment. The main basis has continued to be the dual approach of parents and child by Psychiatric Social Worker and Psychiatrist, though a number of cases have involved the Educational Psychologist where school problems are involved, or one case in which the mother and father needed to be seen separately. Home visiting where necessary has been done by the Psychiatric Social Worker.

Owing to the limitations imposed by the large waiting list, and the distances to be travelled by many cases, it has not been possible to give as intensive treatment as is desirable, and a number of cases have had to be refused regular treatment on the grounds that there has not been time to deal with them or that the difficulties they would encounter getting to the Centre would soon put the parents off that they would not benefit.

In other cases where intensive treatment has been possible, there have been many satisfactory responses, e.g. D. whose father has been attending regularly with him and has come to see how his own personal difficulties have been affecting his son, while D. has been able to work off in the playroom some of his anger against his father.

In other cases where there has not been so much success it is frequently associated with the parents' inability to face up to their own part in producing the child's disturbance, and for some of these cases residential treatment has been recommended. In the case of children needing social and emotional rehabilitation, but where there is not a great disturbance scholastically, the method of choice is at a hostel, such as Hoober House, though treatment away from home is only considered in exceptional circumstances. In cases where there is such a degree of behaviour disturbance that this cannot be tolerated in an ordinary school, or where the emotional disorder is producing marked educational difficulties, then it may be necessary to recommend the child going to a special school for maladjusted children. Owing to the very great difficulties in finding places at such schools for these cases, no such recommendations have been made. From experience at the Centre and at Hoober House, however, it is apparent that some cases have been wrongly accepted as needing hostel treatment and that more should be recommended for schools if there were places available. Conversely, with the development of the clinic services, less children are needing hostel treatment, as many cases previously admitted are amenable to treatment in their own homes.

In general, the Centre has well fulfilled the expectations expressed in last year's report, and has been carrying out most useful work. The limitations of time, staff and distances also mentioned have been even more marked, however. In the Report on Maladjusted Children, a full-time clinic team of one psychiatrist, two psychologists and three psychiatric social workers is expected to be necessary for a population of 35,000 - 45,000 school children. In the area from which children come to the Rawmarsh Centre on one day a week, there are well over 100,000 school children. The necessity for expansion which this comparison implies is obvious."

Rawmarsh Child Guidance Centre

Report for Year ended 31.12.57

	Boys	*Girls*	*Total*
No. of cases carried on from 1956 ..	18	6	24
No. of new cases seen in 1957	29	22	51
No. of children recommended for treatment in residential hostels (Hoober House, Nortonthorpe Hall, and elsewhere)	3	2	5
Waiting list at 31.12.57			32
No. of cases discharged in 1957			33
No. of cases carried on to 1958	25	13	38

Types of disturbance in new cases:

	BOYS			GIRLS			Total
	5 and under	6-10 years	11+ years	5 and under	6-10 years	11+ years	
Nervous disorder	—	5	8	—	4	4	21
Habit disorder	—	2	1	—	1	—	4
Behaviour disorder	—	3	3	—	3	7	16
Organic disorder	—	2	1	—	—	1	4
Psychotic behaviour	—	—	1	—	—	1	2
Educational and vocational difficulties ..	—	2	2	—	1	2	7
Special investigation—e.g. adoption..	—	—	—	—	—	—	—
Unclassified	—	—	—	—	—	—	—
Total No. of new cases seen ..	—	13	16	—	8	14	51

The following report by Mr. Pickles gives a detailed account of the psychological tests undertaken by him during the year, together with some interesting observations on the problem of retarded readers as presented in many children referred to the child guidance centres :—

"Demands upon the Psychologist's time for routine psychological work in the centres have increased during the year and there has consequently been less time available for visiting schools. Whenever possible, however, a visit has been paid to the school by the Psychologist for a full discussion of the child's problem with the Head Teacher and other members of the school staff. This personal contact between centre and school is essential when the child is attending for treatment and educational difficulties form a part of the maladjustment.

There has been a considerable increase in the number of children referred solely or principally for psychological evaluation. These are mainly children who suffer from double or multiple handicaps, in whom intellectual disabilities exist side by side with physical or sensory defects and deprivations. Special techniques of assessment may be necessary in such cases involving the use of test materials with which the School Medical Officers are unfamiliar. Children who suffer from auditory or visual defects, from severer forms of cerebral palsy, from speech defects, or from the effects of organic diseases, need to be carefully assessed, since successful educational placement depends so much upon the intellectual resources they possess. When such children are referred it is always most helpful to have available as full a history of the disability as possible, and in practice this is invariably supplied and is much appreciated. Parents of these children often require more time for interview than the children do for examination. The child's disability and test performance must be evaluated against the developmental history and home background. Parental attitudes are crucial, and sometimes they have doubts and anxieties which are in need of more attention than can be afforded in the centre. It goes without saying that the parents who are most able to accept any limitations the child may have, have not only the better balanced children but the better trained ones.

While the total number of children seen for psychological assessment owing principally to complicating physical or sensory handicaps amounted to 32 during 1956, this year the number of such referrals has increased to 85. The principal disabilities were deafness (15); cerebral palsy (15); and general mental retardation often with lack of speech and a history of brain damage (15). A further 6 children suffered from blindness or extremely limited vision, and one was both blind and deaf. Eight had speech or aphasic disorders of a severe nature. Fifteen children were referred specifically for psychological investigation of serious educational retardation.

A good proportion of these children were assessed as being intellectually incapable of benefiting from special schooling and more in need of training in occupation centres: twenty-six were considered clearly ineducable, ten were of doubtful educability. It is encouraging that more facilities are being made available for the daily occupation and training of the severely mentally handicapped child in the community. The relief which such provision can give to the mother, and to the relaxation of domestic tensions, is immeasurable.

We are still seeing too many children for full child guidance appraisal who are of educationally sub-normal ability and who are more in need of special school placement than child guidance treatment. The table of I.Q. distributions shows the total number of children whose ability is at this level, but it must be noted that these figures include a proportion who were known to be of limited intelligence before they were referred, and some who were referred simply for further psychological testing.

The practice of giving tests of educational attainment in reading, in all appropriate cases, has continued. The proportion of significantly retarded readers has diminished slightly from last year. This year 56 children were assessed as being retarded in reading. Only 9 of these children had I.Q.'s above 100, and only 19 were above the age of 11 years. Boys far outnumbered girls, the proportion being 46 : 10. The percentage of those tested who were retarded in reading was 26 per cent., compared with 31 per cent. during the previous year. Degrees of retardation are given in the following table:—

Degree of Retardation %	50+	40+	30+	20+	15+
No. of Children..	1	6	13	21	15

There are significantly fewer children in the 50, 40, and 30 per cent. brackets than there were last year, and more who are moderately retarded to the extent of 15 — 20 per cent.

Children with severe reading disability allied with some measure of emotional disturbance have continued to be seen by the Psychologist for half a day each week at the Mirfield and Shipley Centres. Twelve children, all boys, have attended during the year. In some there has been sufficient progress for them to be discharged from the groups. Three made considerable progress and gained sufficiently in confidence; a further three made good progress but still needed continued clinic help at the end of the year. Two were discharged as being unlikely to benefit from continued attendance, one of these requiring full-time remedial help, and the other so lacking in self-discipline and consistent parental support that it was finally considered uneconomic to keep him on: he had, in fact, been recommended for hostel placement but the parents could not be persuaded to give their approval. It has become perfectly clear that remedial help is likely to be quite ineffective, at least on the basis of one session a week, when the reading disability is only one reflection of inadequate character development and the parents are essentially disinterested. Remedial work is also likely to produce little gain where the child is suffering from severe emotional disturbance which is reactive to family attitudes and circumstances which are unmodifiable on the basis of clinic attendance. An extremely poor cultural background, with no example of reading habits in the family for the child to follow, is another considerable obstacle to progress; although it is surprising how many in this category go to considerable expense to purchase a set of encyclopaedias, presumably in the vain hope that such an acquisition will, by some vague persuasive influence, serve as a magical panacea, and cure the child's inability to read overnight.

The total number of children seen for psychological examination during the year was 273. Intelligence quotients derived principally from the Terman-Merrill, Wechsler, and Merrill Palmer Scales, are available for 252 of these children. The following table summarises the distribution of available intelligence quotients:—

I.Q.	below 50	50—59	60—69	70—79	80—89	90—99	100—109	110—119	120—129	130—139	above 140	Totals
Boys ..	14	7	14	19	30	30	22	16	13	3	1	169
Girls ..	4	8	3	10	13	22	10	7	3	3	—	83
Totals ..	18	15	17	29	43	52	32	23	16	6	1	252

The School Ophthalmic Service

There has been no further development in this Service during the year. The Service is under the control of the Regional Hospital Boards so far as the provision of ophthalmologists is concerned. The clinics are affiliated to the various Hospital Management Committees, who are financially responsible for the provision and repair of glasses. Glasses are provided and repaired by an optician of the parent's choice. The provision of suitable clinic premises, equipment, and ancillary staff remains the responsibility of the Authority.

Children who may possibly require to be referred to the ophthalmologist are discovered by the school nurses on their frequent visits to schools or by the School Medical Officer at routine medical inspection. Children with defective vision are also brought to the attention of the School Health Service directly by the teachers.

Particular attention is given by the School Medical Officers at the medical inspection of leavers to the testing for colour vision. There are so many occupations today which require colour discrimination that it is important to know of the existence of a defect in colour vision before a child enters upon a chosen occupation. The Ishihara colour vision tests are now widely used by the School Medical Officers.

In addition to the School Ophthalmic Service, children can also be tested and provided with glasses through the Supplementary Ophthalmic Services administered by the Executive Councils, the children being referred to opticians on the recommendation of their own private doctor. It is not known how many children in the Authority's area receive glasses by this method.

Large numbers of children continue to attend the school ophthalmic clinics and the following figures show the number of examinations made and the number of children prescribed glasses during 1957 compared with previous years.

Year	*No. of children examined (including re-examinations)*	*No. prescribed glasses*
1948	10,755	8,113
1949	12,345	7,830
1950	12,341	7,289
1951	12,514	6,970
1952	14,974	8,941
1953	17,659	9,462
1954	17,691	9,240
1955	17,265	9,926
1956	17,644	9,999
1957	17,662	9,782

Medical Treatment at Clinics

As part of the Authority's arrangements under Section 48 of the Education Act, 1944, for the medical treatment of school children, the following clinics were in operation at the 31st December, 1957:—

Type of Clinic	Number	
	Provided directly by the Authority	Under arrangements with Regional Hospital Boards
Minor Ailment and other non-specialised	221	—
Dental	40	—
Ophthalmic	—	58
Speech Therapy	40	—
Orthopaedic Treatment Centres	17	—
Ultra Violet Light	47	—
Paediatric	5	12
Chiropody	3	—
Consultant E.N.T.	—	15
Consultant Orthopaedic	—	17
Consultant Dermatology	—	1
Consultant Cardiac	—	1

A detailed list of the various clinics showing the days and times open is given in Appendix I.

Consultant E.N.T. Service

1. No. of sessions held during the year 210

	Pre-school Children	*School Children*	*Total*
2. No. of individual children seen by consultant, including those continuing attendance from previous year ..	94	1,211	1,305
3. No. of (2) above referred for operative treatment ..	73	667	740
4. No. of children—			
(a) who obtained operative treatment during the year	57	625	682
(b) treated at school clinics	1	74	75
5. No. of attendances at consultant clinics	103	1,725	1,828

Consultant Orthopaedic Service

A. Consultant Clinic

1. No. of sessions held during the year 207

	Pre-school Children	*School Children*	*Total*
2. No. of individual patients seen by consultant, including those continuing attendance from previous year ..	375	1,205	1,580
3. No. of (2) above—			
(a) referred for operative treatment as short-stay cases only	13	74	87
(b) recommended long-stay hospital school	—	4	4
(c) recommended treatment by orthopaedic nurse or physiotherapist—			
(i) at treatment centres	36	176	212
(ii) domiciliary	13	31	44
4. No. of children who obtained operative treatment during the year	12	44	56
5. Total number of attendances at consultant clinic	560	1,693	2,253

B. Treatment Centres

1. No. of sessions held during the year		1,524	
	Pre-school Children	*School Children*	*Total*
2. Total no. of patients treated (including cases continuing treatment from previous year)	76	932	1,008
3. Total number of attendances	1,056	10,307	11,363

C. Domiciliary Treatment

	Pre-school Children	*School Children*	*Total*
1. Total number treated	37	103	140
2. Total number of visits to patient's homes	516	684	1,200

D. Appliances

	Pre-school Children	*School Children*	*Total*
No. of appliances—			
(a) recommended	44	96	140
(b) obtained	35	85	120

Paediatric Service

Consultant Clinic;

1. No. of sessions held during the year		181	
	Pre-school Children	*School Children*	*Total*
2. No. of individual patients seen—			
(a) New Cases	97	204	301
(b) Cases attending from previous year	86	408	494
3. Total number of attendances at clinics	311	869	1180

The following table gives details of the various types of defect or disease for which children were referred for consultant opinion:—

Defect or Disease	*Pre-school Children*	*School Children*	*Total*
Central Nervous System	18	22	40
Heart and Circulatory System	18	109	127
Respiratory System, including E.N.T. Defects	19	80	99
Speech	6	10	16
Orthopaedic	13	9	22
Skin	3	8	11
Psychological	6	29	35
Mental Defect, including Educational Sub-normality	13	13	26
Congenital Deformities	6	6	12
Gastro-intestinal System	6	17	23
Epilepsy	12	43	55
Genito-urinary System	2	2	4
Glands	1	8	9
Nutritional	3	27	30
Developmental	24	38	62
Muscular Disease	3	4	7
Rheumatism	—	3	3
Habit Spasms	2	12	14
Incontinence	2	102	104
Migraine	1	31	32
Unclassified	25	39	64
	183	612	795

Ultra Violet Light Treatment

At the end of the year there were 49 Ultra Violet Light Clinics in operation and the following are particulars of the children treated:—

No. of sessions held 2,777

	Pre-school Children	*School Children*	*Total*
No. of children treated during year	791	1,445	2,236
Total No. of attendances	8,686	16,594	25,280

Vaccination and Immunisation

Particulars relating to the numbers of school children immunised against diphtheria during the year and the immunisation state of the population of children of school age will be found in the Section of the County Medical Officer's Report dealing with Epidemiology.

The scheme for the vaccination of children against poliomyelitis was extended towards the end of the year to include all children under the age of 15 years. Particulars of the scheme will also be found in the Epidemiological Section of the County Medical Officer's Report.

The schemes for vaccination and immunisation have, with the addition of facilities for vaccination against poliomyelitis, required a further encroachment on school time, and the ready and willing co-operation of the headteachers and their staffs is much appreciated.

Cleanliness

The following figures show the number of children found to be suffering from head infestation during the year compared with previous years:—

Year	Total number of examinations made by school nurses	No. of individual children found to be infested	% of school population
1947	368,370	24,862	11·3
1948	560,631	27,361	12·4
1949	574,968	23,457	10·5
1950	523,473	20,214	8·8
1951	559,388	18,599	7·9
1952	610,201	19,772	8·1
1953	575,645	17,815	7·1
1954	549,961	13,619	5·3
1955	547,369	11,657	4·5
1956	512,868	10,379	3·9
1957	481,239	10,459	3·9

It is disappointing to report that there has been a slight worsening of the position during the year with regard to head infestation. It had been hoped that the gradual improvement shown in recent years would have continued. The figure of 3·9 per cent. of school children infested represents that hard core of shiftless and neglectful parents whose children are repeatedly becoming reinfested within the family. To exclude the infested child from school and arrange for the treatment of the condition is largely a waste of time when the child becomes reinfested immediately afterwards. This situation would not arise if Section 54 of the Education Act could be extended to give power to Local Education Authorities to deal with other members of the child's family.

The number of children found to be infested has been more than halved over the past ten years—a tribute to the unremitting work of the school nurses—but the figure of 10,459 or 3·9 per cent. of the school population is still far too high.

Nutrition

As mentioned in the Report for 1956, a further change made by the Ministry in that year in the classification of the general condition of school children has meant that it is no longer possible to make any true comparison with previous years.

The following table shows the gradual improvement which took place in the general condition of pupils between 1947 and 1955 under the former classification of "Good", "Fair", and "Poor", and the figures for 1956 and 1957 under the broader classification of "Satisfactory" and "Unsatisfactory".

Year	Total number of pupils inspected	Classification					
		A (Good)		B (Fair)		C (Poor)	
		No.	% of Col. 2	No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1947	50,277	19,497	38·8	28,343	56·4	2,437	4·8
1948	71,858	26,077	36·3	41,876	58·3	3,905	5·4
1949	64,998	23,467	36·1	39,335	60·5	2,196	3·4
1950	61,977	26,820	43·3	33,528	54·1	1,629	2·6
1951	64,676	29,452	45·5	33,598	51·9	1,626	2·5
1952	62,156	30,506	49·1	30,635	49·3	1,015	1·6
1953	77,803	35,861	46·1	40,772	52·4	1,170	1·5
1954	79,553	40,315	50·7	38,344	48·2	894	1·1
1955	87,520	47,959	54·8	38,872	44·4	689	0·8
		Satisfactory			Unsatisfactory		
		No.	% of Col. 2		No.	% of Col. 2	
1956	89,564	87,318	97·5		2,246	2·5	
1957	83,250	81,524	97·9		1,726	2·1	

School Meals.—The number of meals provided to school children daily according to a check made in October, 1957, was 121,962 compared with 125,053 in October, 1956. This represents 48·91 per cent. of children on the registers.

Medical Examination of Entrants to Training Colleges

In connection with their applications for entry to Training Colleges, 897 students were medically examined during the year by the School Medical Officers, compared with 1,028 for the year 1956 and 952 for the year 1955.

Children and Young Persons Act, 1933 — Employment of Children

Under the Authority's bye-laws relating to the employment of children, 1,516 children were examined during the year by the School Medical Officers to determine their fitness for employment. The figure includes children taking part in entertainments. Eight cases only were found unfit.

Youth Employment Service

There is close liaison between the officers in the School Health Service and those in the Youth Employment Service. The Youth Employment Officers visit schools to discuss with teachers and parents the type and suitability of occupations of those children about to leave school.

Prior to this, the leavers will have received their final routine medical inspection and the School Medical Officer will have informed the Youth Employment Officer of those children who are handicapped in such a way that their choice of occupation is limited.

After the handicapped child enters employment, the services of the School Medical Officer are still available to advise the Youth Employment Officer if any difficulty is encountered either regarding the actual occupation or from the point of view of the employer.

Protection of Schoolchildren against Tuberculosis

Tuberculin Testing of Entrants.—The purpose of giving a tuberculin test to young children on entry to school is that positive test results lead to—

(a) the search for a responsible source of infection, thus affording a valuable method of tuberculosis case-finding, and

(b) the placing of the young child under medical supervision until the risks following primary infection are eliminated.

Routine testing was undertaken in six Divisions during the year. A total of 3,629 children was tested, of whom 114 gave a positive result. These children were followed-up through the Chest Physicians and X-rayed where considered necessary. Investigations were also made into the home contacts of these children.

B.C.G. Vaccination of Older School Children.—Particulars of the Authority's scheme for the B.C.G. vaccination of thirteen-year old children and of the number of children dealt with during 1957 will be found in that part of the County Medical Officer's Report dealing with Section 28 of the National Health Service Act, 1946—Care and After Care, Prevention of Illness, etc.

The Work of a Children's Specialist in the School Health Service

The following notes relating to school children are taken from a report on the year's work submitted by Dr. Harvey, Paediatrician:—

"It is a particular pleasure to write a report this year to mark the completion of my first ten years in the County Council Paediatric Service. Despite the modification of the original pattern, with the later inception of the National Health Service, I am more than ever convinced of the foresight and value of this unique pattern of combined appointment; and I think paediatricians elsewhere are not merely envying us the combination, but they are reflecting on the possibility of introducing this sort of combined work. Particularly it has attracted comment with the possibility of its adoption in the younger and developing child health programmes of some overseas countries. The value of it might also commend itself for incorporating in our National Health Service Hospital structure as second thoughts become possible, now that the problems of the first decade of the Health Service are being resolved.

It has seemed to me during the last year that the despondency and frustration of the post-war stringency which afflicts the National Health Service has hit public health doctors harder and for a longer period than the other groups of the profession. The hospitals and general practice seem more clamorously assertive. And the successes of public health in the past are taken to mean that less resources need be invested in public health for the future.

I have noticed some paediatricians taking the narrow view that clinic doctors and school doctors are non-functional adornments of society, and that the only doctors who matter for the health of children are the family doctors and the hospital paediatricians. I think we shall need to exert ourselves positively to counteract this pernicious narrow-mindedness, because its very simplicity commends itself to those who prefer to think little and tidily. There has been during the last year or so a good deal of discussion, both amongst paediatricians, psychiatrists, and administrators, on improvements in the child guidance framework, as the vastness of the emotional and psychiatric problem of children and their parents begins to be realised. There are more difficulties than one here: the assessment of the magnitude of the need, the provision of the most suitable structure of a service in which all interested parties may have appropriated influence, and also the great problem of training sufficient doctors in the right attitudes, approach and technique for recognising and managing emotional problems. Incidentally, the American Journal of Disease in Childhood in your file, 1957, Vol. 94, p.143, has an interesting communication from Harvard about the value of a psychiatric consultant in training paediatric residents, which I think might also be of interest to non-resident doctors in the Child Health Service. For myself, I have during this year been particularly glad to make increasingly close liaison with Dr. Orme in the children's psychiatric problems in South Yorkshire and equally, to maintain touch with Dr. Leese, over children whom she has seen at Wakefield.

School Health Service Jubilee

The British Medical Journal (1958, i. 633) in a leading article celebrates this landmark of public health history, ending with a description of the ideal school child's doctor— 'this physician should be a member of the service, although not necessarily on a full-time basis. He ought to know about schools to the same specialised degree as the industrial doctor knows about the factory in which he works. If he finds a defect or disorder requiring treatment, it is his duty to refer the parent to the general practitioner. If both special medical and special educational care are needed, then the parent, teacher, nurse and general practitioner must all be brought into consultation. The essential function of the school physician is to make a skilled assessment of the health of the child at school, and, after any necessary medical treatment has been given, to see that the child makes good the advantage gained.' It could well be the aim of all paediatricians to familiarise themselves to a comparable degree with the background of circumstances against which their consultative advice will have to be applied.

During this coming year, I hope to make a superficial descriptive survey of all the clinical material which has come my way in 10 years since commencing County clinics in the spring of 1948, and hospital clinics at the same time at Mexborough, and shortly afterwards at Wakefield, and 2½ years later at Rotherham, instead of Wakefield. I look forward to comparing the sort of diagnostic problems referred by doctors to the County clinics with those referred to hospital out-patients. Later on, I hope to be able to compare this material with that of colleagues who work mainly in teaching or specialised hospitals. The essence of our sort of work is that it is possible to study a fair approximation to a whole population by cross-checking with the Infant Welfare and School doctors. The proportions of material might differ considerably from that which has filtered to more special and distant hospitals.

Divisional Monthly Paediatric Clinics

In some areas particularly it is encouraging to find how a number of family doctors refer considerable numbers of their cases, both of infant and school age, to the monthly County Clinic. Elsewhere, doctors, despite many suggestions, continue stolidly to refer all cases exclusively to busy and lengthy out-patient sessions some miles from home, where mothers and children may wait hours before they can be dealt with. There are, of course, limitations to what I can do in a County Clinic, especially as my laboratory facilities in practice are limited to haemoglobin and blood sedimentation rate checks. I find the County Clinics are much appreciated by parents for devolution of follow-up from hospital out-patients in many cases.

It not only allows more time to talk with the parents and child, but the Assistant County Medical Officer and the Health Visitor are very often present for detailed discussion on the spot.

Tonsillectomy

This new year opened with a devastating critique of the tonsil-adenoidectomy enigma by one of the most thoughtful of American paediatricians, Dr. Harry Bakwin (1958, J. Pediat. 52. 339). Tonsillectomy for tonsils' sake seems almost never to be justified. If one were to take adequate account of recurring respiratory allergy as a cause of symptoms which tonsillectomy could not hope to abolish, and also of recurring streptococcal infection which can be abolished without operation by simple courses of prophylactic penicillin, then there is practically nothing left to justify tonsillectomy. Bakwin points out that tonsillectomy costs Britain £3,000,000 a year. Mortality is perhaps even more worth considering than expense. For the last 6 years, from 1951 to 1956, in children from 1 to 14 years of age in New York City, there were more deaths from tonsillectomy than from all the infectious fevers together. Bakwin quotes Sir Robert Hutchison's litany (1953, Brit. Med. J. i. 671):

> 'From inability to let well alone; from too much zeal for the new and contempt for what is old; from putting knowledge before wisdom, science before art, cleverness before common sense, from treating patients as cases, from making the cure of the disease more grievous than the enduring of the same, Good Lord, deliver us.'

John Hunter confessed that to perform an operation is to mutilate a patient that we cannot cure. It should, therefore, be considered as an acknowledgement of the imperfection of our art.

The problem seems to be to persuade family practitioners that tonsillectomy should be the last consideration for recurring otitis with deafness, after exhausting the possibilities of decongestive nose drops and penicillin prophylaxis; and it should not be considered at all in exasperation on the basis of 'try anything once' for recurring respiratory episodes, sore throats, febrile episodes or migraine. If all such children are treated expectantly till after 8 years of age, the results will be equally satisfactory and without operative mortality and morbidity.

Cervical Adenitis

For some reason, doctors continue very readily to refer children with cervical adenitis for specialist opinion. In most cases, the diagnosis would have solved itself by a short period of further observation. In almost every case, cervical lymphadenitis is a transient response to a simple pharyngeal infection. Glandular fever is probably almost non-existent in childhood and we have only records of rare cases confirmed haematologically. Tuberculous cervical adenitis is now extremely uncommon, and the only cases I have seen in recent years have come from a single village. A jelly test would always set a doctor's mind promptly at rest about the possibility of tubercle. Serious blood disorders very rarely present with cervical adenitis.

Migraine

Migraine continues to be one of the most prolific causes of diagnostic confusion, anxiety and exasperation. The number of children on my index whose appendixes have been whipped out during an acute migraine attack has now passed a joke. One of these unnecessary appendix operations led to the complication of a serious sub-phrenic abscess. Mother and two brothers of this child had also had their appendixes removed. The reason here perhaps is that it is not generally recognised how the motor component of migraine may express itself by abdominal colic as well as by vomiting. It was a shock to realise that the mother of one of my migraine children was herself receiving psychiatric electrical treatment for what was evidently an unrecognised prodromal hemiparesis of her own migraine attacks. Several older school children have reported decisive relief by taking compound tablets in the prodromal phase of their attacks, so that their former serious loss of school time has been almost abolished.

Postural Fainting

Postural fainting, especially in school assembly, causes a good deal of misgiving to parents and teachers. We have to satisfy them there is nothing epileptic about it; and it is hard to convince them that fainting is just a vaso-motor oddity, and not a sign of constitutional weakness.

Roundworm Infestation and Colic

This unexpected condition, to which I have referred in earlier reports, continues to be steadily prevalent, and I have over 40 cases collected in 5 years."

THE SCHOOL DENTAL SERVICE

The following is the Report of the Principal School Dental Officer and Orthodontic Consultant, Mr. B. R. Townend, O.B.E., F.D.S., R.C.S. (ENG.), DIP. ORTH., R.C.S. (ENG), L.D.S.

Dental Inspection and Treatment Carried Out during the Year

Number of pupils inspected by Authority's Dental Officers—	
At Periodic Inspections	98,584
As Specials	8,932
Total	107,516
Number found to require treatment	68,580
Number offered treatment	55,262
Number actually treated	49,664
Number of attendances made by pupils for treatment	111,034
Half days devoted to—	
Periodic (School) Inspection	968
Treatment	17,256
Total	18,224
Fillings—	
Permanent	65,144
Temporary	3,230
Total	68,374
No. of teeth filled—	
Permanent	57,686
Temporary	3,103
Total	60,789
Extractions—	
Permanent	18,252
Temporary	58,766
Total	77,018
Administration of general anaesthetics for extraction	20,629
Orthodontics—	
Cases commenced during year	1,280
Cases carried forward from previous year	2,092
Cases completed during the year	566
Cases discontinued during the year	143
Pupils treated with appliances	968
Removable appliances fitted	1,160
Fixed appliances fitted	360
Total attendances	14,170
No. of pupils supplied with artificial dentures	739
Other operations—	
Permanent	34,072
Temporary	2,790
Total	36,862

Analysis of Work carried out during the Year.—The information concerning dental treatment provided for school children in the above table gives a very limited picture of the actual work done, and the following implementations and refinements to the table may be of interest.

The total of 58,766 temporary teeth and 18,252 permanent teeth extracted does not represent, as might be thought, so many teeth which it has been found impossible to save. No less than 8,766 temporary teeth and 2,017 permanent teeth have been extracted with a view to making room for the other teeth or to ensure in various ways that succeeding teeth shall grow in regular order. Approximately one tooth in seven is extracted with the object of preventing irregularity and ensuring the satisfactory future of the dentition.

3,103 temporary teeth were conserved by the following means: 1,227 cement fillings, 281 amalgam fillings, 1,722 combined cement and amalgam fillings. 33,516 first permanent molars and 24,170 other teeth, a total of 57,686 permanent teeth, were conserved by the following means: 1,428 cement fillings, 8,476 amalgam fillings, 49,056 combined cement and amalgam fillings, 6,184 silicate (porcelain) fillings. Other treatments of a varied nature include 320 root fillings, 5,746 dressings, 163 crowns and inlays, etc., 4,828 scalings and gum treatments. Dentures were provided in 739 cases to replace teeth lost by accident or disease, 1,770 attendances being made for the necessary work incurred in the fitting of these dentures.

The very large figure 34,072 other operations, which appears in the table merits some explanation. It represents an omnibus classification of all the cases which receive dental attention of various kinds other than those falling into the categories specifically mentioned.

It includes such things as 14,170 attendances for orthodontic treatment, 1,770 attendances for prosthetic treatment, 4,828 scalings and gum treatment, 1,465 X-rays, 5,746 dressings, etc.

KEIGHLEY EXCEPTED DISTRICT

The following report on the year's work is submitted by Dr. McDonagh, the Borough School Medical Officer to the Keighley Excepted District—

This report is compiled in accordance with arrangements made by the County Council of the West Riding of Yorkshire as to the School Health Service in the Borough of Keighley and details the work carried out during the year under review.

It is worthy of note that of 2,765 routine medical inspections in only one instance was a child's general condition described as unsatisfactory. Attention to this one child produced a happy result.

The infectious disease continued mild. Of five cases of poliomyelitis in the area only one was in a child of school age. There were, however, some signs of scabies gaining a foothold in the community.

In June of this year Dr. H. M. Holt retired after being Borough School Medical Officer since 1930. The good wishes of us all go with him in his retirement.

V. P. McDONAGH

Borough School Medical Officer

Medical Inspection of School Children

This service provides for the routine medical inspection of all scholars on four separate occasions during their school life with special examinations and re-examinations as necessary, the arrangement being that—

(a) every pupil who is admitted for the first time to a maintained school shall be inspected as soon as possible after the date of admission;

(b) every pupil attending a maintained primary school shall be inspected during the year in which the age of 8 years is attained;

(c) every pupil attending a maintaincd secondary school shall be inspected as soon as possible after admission to such a school;

(d) every pupil attending a maintained secondary school shall be inspectcd during the last year of attendance at such a school.

Special arrangements have been made to secure a more frequent examination of those pupils in attendance at Nursery Schools, Braithwaite Open Air School, Whinburn Special School and Branshaw View Occupation Centre.

Having regard to the Authority's Youth Employment Service particular attention has been given to the medical examination at paragraph (d) above. The Area Youth Employment Officer is visiting schools and interviewing parents during or near the child's last term at school. In order that he may know whether there is any physical or mental defect which might, in the opinion of the School Medical Officer, restrict a choice of employment, pupils receive their final periodic medical inspection at the commencement of or immediatcly prior to entering upon their last term at school. The greatest care is taken to ensure that all information passed to the Area Youth Employment Officer is treated as confidential.

The average number of pupils on the registers at the end of the year was as follows:—

Nursery	40
Primary	5,355
Secondary Modern	1,997
Secondary Grammar	1,303
Secondary Technical	366

The following table gives details of the number of medical inspections corresponding to the various age groups as set out above.

Table I

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Special Schools).

A. Periodic Medical Inspections

Number of Inspections in the prescribed groups:—

Entrants	675
7 to 8 year group	771
First year secondary	687
Last year secondary	632
Additional periodic	—
Total	2,765

B. Other Inspections

Number of Special Inspections	2,668
Number of Reinspections	1,363
Total	4,031

C. Pupils found to Require Treatment

Number of individual pupils found at periodic medical inspection to require treatment (excluding Dental Diseases and Infestation with Vermin).

Age Groups Inspected (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table D. (a) below (3)	Total Individual Pupils (4)
Entrants	—	88	88
7 to 8 year group	31	106	134
First year secondary	56	57	107
Last year secondary	34	103	130
Additional periodic	—	—	—
Total	121	354	459

D. Defects found by Medical Inspection in the Year ended 31st December, 1957

All defects noted at medical inspection as requiring treatment are included in the following tables, whether or not treatment was begun before the date of the inspection.

(a) Periodic Inspections

Defect Code No. (1)	Defect or Disease (2)	Periodic Inspections: Entrants — Requiring treatment (3)	Entrants — Requiring observation (4)	Leavers — Requiring treatment (5)	Leavers — Requiring observation (6)	TOTAL (including all other age groups inspected) — Requiring treatment (7)	TOTAL — Requiring observation (8)
4	Skin	10	6	19	4	47	24
5	Eyes—a. Vision	—	1	34	86	121	261
	b. Squint	15	15	1	6	26	46
	c. Other	6	1	—	—	15	2
6	Ears—a. Hearing	2	5	1	1	4	19
	b. Otitis Media	1	1	—	1	2	8
	c. Other	1	—	1	—	3	—
7	Nose and Throat	20	65	7	5	49	116
8	Speech	7	5	—	1	17	11
9	Lymphatic Glands	3	20	—	1	3	43
10	Heart	1	7	1	10	5	38
11	Lungs	11	20	—	2	23	41
12	Developmental—						
	a. Hernia	—	5	—	—	—	8
	b. Other	—	29	1	—	2	43
13	Orthopaedic—						
	a. Posture	6	6	60	3	114	42
	b. Feet	8	16	22	2	47	50
	c. Other	3	9	2	20	17	43
14	Nervous System—						
	a. Epilepsy	1	1	—	—	2	5
	b. Other	1	1	1	1	2	6
15	Psychological—						
	a. Development	—	3	—	—	—	15
	b. Stability	—	9	—	92	—	146
16	Abdomen	1	6	4	3	6	13
17	Other	12	8	2	9	28	49

(b) Special Inspections

Defect Code No. (1)	Defect or Disease (2)	Special Inspections: Requiring Treatment (3)	Special Inspections: Requiring Observation (4)
4	Skin	161	21
5	Eyes—a. Vision	126	112
	b. Squint	21	34
	c. Other	45	8
6	Ears—a. Hearing	4	18
	b. Otitis Media	21	4
	c. Other	4	2
7	Nose and Throat	48	78
8	Speech	94	29
9	Lymphatic Glands	4	8
10	Heart	1	52
11	Lungs	39	35
12	Developmental — a. Hernia	—	3
	b. Other	2	29
13	Orthopaedic—a. Posture	38	27
	b. Feet	49	59
	c. Other	82	29
14	Nervous System—a. Epilepsy	6	1
	b. Other	1	3
15	Psychological — a. Development	50	54
	b. Stability	3	25
16	Abdomen	—	7
17	Other	723	32

E. Classification of the General Condition of Pupils Inspected during the Year

Age Groups Inspected (1)	Number of Pupils Inspected (2)	Satisfactory: No. (3)	Satisfactory: % of Col. 2 (4)	Unsatisfactory: No. (5)	Unsatisfactory: % of Col. 2 (6)
Entrants	675	674	99·90	1	0·1
7 to 8 year group	771	771	100·00	—	—
First year secondary	687	687	100·00	—	—
Last year secondary	632	632	100·00	—	—
Additional periodic	—	—	—	—	—
Total	2,765	2,764	100·00	1	0·0

The single case of unsatisfactory general condition was found in a girl who, at the time of inspection, was five years of age. She was dirty, neglected and malnourished; she also had an alternating strabismus for which glasses had been prescribed but not worn; she had bulky inflamed tonsils and nasal catarrh and suffered from nocturnal and diurnal enuresis. Arrangements were made for the girl to be admitted to the Open Air School as a delicate pupil, her tonsils and adenoids were removed in May, 1957. New glasses were prescribed and have since been worn. The girl's mother co-operated to the best of her ability and the child has improved considerably.

Arrangements were continued for the issue of branded foods free of charge to appropriate cases, the distribution of such foods is made on the authorisation of the School Medical Officer who examines each case prior to an issue being approved. The following foods were distributed under the provisions of this scheme during the year:—

Adexolin	98	Maltoline	12
Fersolate	531	Minadex	111
Halibut Liver Oil Capsules	112	Vitamin C.	531
		Vitamin B	28

Infestation with Vermin

The scheme for ensuring cleanliness at schools within the Borough provides, as far as possible, for the inspection of children and their clothing once during each school term throughout the year. Details of the work carried out are given in the following table:—

Table II

(i)	Total number of individual examinations of pupils in the schools by the school nurses or other authorised persons	17,326
(ii)	Total number of *individual* pupils found to be infested	589
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	—
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	—

Treatment

In groups 1, 2 and 3 treatment provided by the Authority includes all defects treated or under treatment during the year by the Authority's own staff however brought to the Authority's notice, i.e. whether by periodic inspection, special inspection or otherwise, during the year in question or previously. Treatment provided otherwise than by the Authority includes all treatment known by the Authority to have been so provided, including treatment undertaken in School Clinics by the Regional Hospital Board.

Group 1. Eye Diseases, Defective Vision and Squint

	Number of cases dealt with	
	By the Authority	*Otherwise*
External and other, excluding errors of refraction and squint	50	—
Errors of refraction (including squint)	—	183
Total	50	183
Number of pupils for whom spectacles were prescribed ..	—	108

During the year 151 cases of defective vision and 32 cases of squint were examined by the visiting Ophthalmic Surgeon, a further 50 cases suffering from other conditions of the eye such as Blepharitis and Conjunctivitis were treated at the Minor Ailments Clinic.

After testing there were 13 cases in which spectacles were not prescribed, 48 cases where existing spectacles were found to be satisfactory and 14 cases referred to the Bradford Eye and Ear Hospital.

The number of repairs to and replacement of spectacles amounted to 253.

Group 2. Diseases and Defects of Ear, Nose and Throat

	Number of cases dealt with	
	By the Authority	*Otherwise*
Received operative treatment—		
(a) For diseases of the ear	—	—
(b) For adenoids and chronic tonsillitis	—	—
(c) For other nose and throat conditions	—	—
Received other forms of treatment	33	—
Total	33	—
Total number of pupils in schools who are known to have been provided with hearing aids—		
(a) in 1957	—	—
(b) in previous years	—	2

The following figures show the number of children found at medical inspection to have undergone tonsillectomy during 1957 or previously.

Table III

Age groups inspected	Number Inspected	Number found to have undergone tonsillectomy during 1957 or previously
Entrants	675	22
7 to 8 year group	771	135
Last year primary	—	—
First year secondary	687	158
Last year secondary	632	191
Total	2,765	506

Group 3. Orthopaedic and Postural Defects

	Number of cases treated	
	By the Authority	*Otherwise*
Number of pupils known to have been treated at clinics or out-patient departments	242	—

Consultant Clinic

1. No. of sessions held during year 10

	Pre-school Children	*School Children*
2. No. of individual patients seen by consultant, including those continuing attendance from previous year	12	43
3. No. of (2) above—		
(a) referred for operative treatment as short-stay cases only	—	—
(b) recommended long-stay hospital school	—	—
(c) recommended treatment by orthopaedic nurse or physiotherapist—		
(i) at treatment centres	1	10
(ii) domiciliary	—	—
4. No. of children who obtained operative treatment during the year	—	3
5. Total number of attendances at consultant clinic	14	60

Treatment Centres

1. No. of sessions held during year	507	

	Pre-school Children	*School Children*
2. Total number of patients treated (including cases continuing treatment from previous year)	2	242
3. Total number of attendances	27	3,363

Domiciliary Treatment

1. Total number treated	—	—
2. Total number of visits to patients' homes	—	—

Appliances

Number of appliances recommended	—	—

The following shows details of the work undertaken by the Authority's Physiotherapist during the year.

TABLE IV

School Children	*No. of Cases*	*Attendances*
Asthma	15	187
Bronchitis	12	188
Breathing	38	370
Poor chest development	7	132
Postural drainage	5	155
Flat feet	61	827
Round shoulders	31	345
Muscular dystrophy	1	10
General exercises	3	62
Claw foot	6	164
Posture	24	356
Kyphosis	3	25
Scoliosis	13	137
Central nervous system	1	—
Anterior poliomyelitis	4	62
Torticollis	1	26
Rheumatism	1	12
Hemiplegia	2	41
Spastics	6	43
Stoop	2	9
Cerebral palsy	1	57
Lordosis back	1	34
Erbs palsy	1	40
Congenital heart	3	81
Total	242	3,363

Pre-school Children		
Flat feet	2	27

Attendances at the Orthopaedic Swimming Class 118

Group 4. Diseases of the Skin (excluding uncleanliness)

Number of cases treated or under treatment during the year by the Authority:—

Ringworm—(1) Scalp	—
(2) Body	4
Scabies	27
Impetigo	27
Other skin diseases	7
Total	65

As in previous years a large part of the work carried out at the minor ailments clinic consisted of the treatment of cuts, abrasions, septic fingers, and skin diseases. The number of cases of scabies among school children again showed an increase on previous years.

1953	Nil
1954	Nil
1955	8 school children treated
1956	9 school children treated
1957	27 school children treated

Group 5. Child Guidance Treatment

The County Council's Child Guidance Team consisting of a Psychiatrist, a Child Guidance Psychologist and a Psychiatric Social Worker hold sessions at Shipley and during the year 13 children were referred.

Group 6. Speech Therapy

Table V

Number of pupils treated by Speech Therapist under arrangements made by the Authority .. 71

Details of the work carried out by the Authority's Speech Therapist during the year is set out below:—

1.	No. of half-day sessions held during year	210
2.	No. of new cases treated during year	31
	No. of cases attending for treatment from previous year	40
	Total number of cases treated	71
3.	No. of cases awaiting treatment at end of year	35
4.	No. of visits made to schools	1
5.	No. of home visits	—

Analysis of cases treated

	Number	
	Boys	*Girls*
Stammering	13	3
Defects of—		
Articulation—		
(a) Dyslalia	32	8
(b) Sigmatism	2	5
(c) Rhinolalia, due to—		
(i) Cleft Palate	2	—
(ii) Nasal obstruction	—	—
(d) Dysarthria	2	—
Aphasia	—	—
Defective speech due to—		
(i) Educational sub-normality	3	—
(ii) Deafness	—	—
Retarded speech development	—	1
Dysphonia	—	—
Other defects	—	—

Analysis of cases discharged

	Number	
	Boys	*Girls*
No. of children discharged during year	24	6
Speech normal	10	5
Speech improved	7	1
Unsuitable for treatment	—	—
Non-co-operation	—	—
Left school	2	—
Left district	2	—
Other reasons—		
To Children's Home	3	—

Group 7. Other Treatment Given

(a)	No. of cases of miscellaneous minor ailments treated by the authority	763
(b)	Pupils who received Convalescent Treatment under School Health Service arrangements	5
(c)	Pupils who received B.C.G. vaccination	211
(d)	Ultra Violet Light	36

In addition to the 763 children who received treatment at the Clinic for miscellaneous minor ailments a further 15 cases were kept under observation, all cases being initially examined by the School Medical Officers.

Of the 36 school children who received ultra violet light treatment at the School Clinic 4 were still under treatment at the end of the year. Through the interavailability of Clinics 22 pre-school children received Ultra Violet Light Treatment, of these 8 were cured, 3 improved, and 11 were still under treatment at the end of the year. Altogether 88 sessions were held at the School Clinic and 980 attendances were made.

Dental Inspection and Treatment

The arrangement as regards the dental inspection of pupils is that:—

(a) Every pupil who is admitted for the first time to a maintained school shall be inspected by a dental officer as soon as possible after the date of admission, and

(b) Every pupil attending a maintained school or County College shall be inspected by a dental officer on such later occasions as may be practicable and necessary.

Details of the inspections and treatment carried out during the year in connection with this service are given in the following table:—

TABLE VI

Number of pupils inspected	
At Periodic Inspections	4,548
As Specials	918
Total	5,466
Number found to require treatment	3,163
Number offered treatment	3,163
Number actually treated	2,718
Number of attendances	6,006
Half-days devoted to—	
Periodic (School) Inspection	39
Treatment	812
Total	851
Fillings—	
Permanent teeth	4,113
Temporary teeth	165
Total	4,278
Number of teeth filled—	
Permanent teeth	3,848
Temporary teeth	161
Total	4,009
Extractions—	
Permanent teeth	1,313
Temporary teeth	3,075
Total	4,388
Administration of general anaesthetics for extraction	832
Orthodontics—	
Cases commenced during the year	41
Cases carried forward from previous year	45
Cases completed during the year	32
Cases discontinued during the year	5
Pupils treated with appliances	44
Removable appliances fitted	69
Fixed appliances fitted	3
Total attendances	629
Number of pupils supplied with artificial dentures	17
Other Operations—	
Permanent teeth	2,166
Temporary teeth	114
Total	2,280

Handicapped Pupils

Details of the number of handicapped pupils are given in the following table:—

TABLE VII

Category	At a Special School	At an Ordinary School	Receiving Home Tuition	At no School	Not receiving suitable education
Blind	1	—	—	1	1
Partially Sighted	5	—	—	—	—
Deaf	5	2	—	—	—
Partially Deaf	2	—	—	—	—
Educationally Sub-normal	33	—	—	—	—
Epileptic	1	2	—	—	—
Maladjusted	2	3	—	—	3
Physically Handicapped	5	6	—	—	—
Speech Defect	—	—	—	—	—
Delicate	25	15	5	—	15
Total	79	28	5	1	19

Braithwaite Open Air School for Delicate Children

During the early part of the year consideration was given to the fact that this school had reached the limits of its usefulness as an Open Air School and it was considered that the premises could best be used in the future by reorganisation as a day school for educationally sub-normal pupils of 7 to 16 years of age. Following this it was agreed that admission of delicate children to the school be discontinued. Pending adequate and agreed secondary accommodation becoming available and ready for use educationally sub-normal pupils of 7 to 11 years of age only were admitted. This was done on a gradual basis during the remainder of the year to enable the reorganisation to be carried through with the least possible difficulty. The details of the children on register at 31st December, 1957, were as follows:—

Delicate Pupils	24
Educationally Sub-normal Pupils	29
Total	53

Mentally Defective Children

One child was notified as being ineducable during the year ended 31st December, 1957, under the provisions of Section 57(3) of the Education Act, 1944.

Co-ordination

The scheme for co-ordination between the Maternity and Child Welfare and School Health Services continues on much the same lines as hitherto, that is to say School Clinic facilities are at the disposal of mothers, and children under five years of age, by arrangement with the School Medical Officers and School Dental Surgeons. Specialist Services are available where required, cases being referred to the appropriate consultant at the Keighley Victoria Hospital. The West Riding County Council provide for the training and treatment of Handicapped Pupils and the Regional Hospital Board for the treatment of cases of Tuberculosis by arranging admission to Sanatoria or attendance at the local Chest Clinic.

School Hygiene

The School Medical Officers are required as part of their duties to make a superficial inspection of school buildings, any improvements thought necessary or deficiencies noted are the subject of a recommendation to the local Education Authority.

Follow-up of Medical Inspections

The following is a summary of the domiciliary visits made by Health Visitor/School Nurses throughout the year:—

Infectious Diseases	233
Handicapped Pupils	22
Neglected and Verminous	81
Routine Medical Inspections—Follow-up	51
Other Visits	118
Total	505

Medical Examination of Entrants to Training Colleges

Thirty students were medically examined during the year in connection with their applications for entry to Training Colleges.

Infectious Diseases

Details are given below of the final numbers according to sex and age, after corrections subsequently made either by the notifying medical practitioner or by the medical superintendent of the infectious diseases hospital, of all cases of infectious and other notifiable diseases which occurred in children resident within the Borough up to and including the age of 14 years throughout the year.

TABLE VIII

	Scarlet Fever		Whooping Cough		Acute Poliomyelitis Non-paralytic		Measles (excluding rubella)		Dysentery	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
5-9 years ..	11	11	7	9	—	1	118	108	6	6
10-14 years ..	5	2	2	—	—	—	4	10	3	2

	Acute Pneumonia		Erysipelas		Tuberculosis			
					Respiratory		Other	
	M.	F.	M.	F.	M.	F.	M.	F.
5-14 years ..	1	4	1	—	3	—	1	—

Immunisation against Diphtheria

Facilities are offered to the parents or guardian of every child for immunisation against Diphtheria either by the Authority's staff or by a registered medical practitioner. Details of the number of children immunised against Diphtheria are given in the following table:—

TABLE IX

	AGE at date of final injection (as regards A) or of reinforcing injections (as regards B)			
	Under 1	1 to 4	5 to 14	Total
A. Number of children who completed a full course of primary immunisation	218	107	98	423
B. Number of children who received a secondary (reinforcing) injection (i.e. subsequent to primary immunisation at an earlier age)	—	5	436	441

Protection of School Children against Tuberculosis

(a) *Tuberculin Testing of School Entrants.*—Tuberculin testing was introduced in order that in the case of a positive result it would lead to a search for a source of infection and at the same time secure the placing of the child under medical supervision in order to avoid the risks which follow primary infection.

The following shows details of the work undertaken during the year under the provisions of the scheme for the routine tuberculin testing of school entrants:—

No. Invited	*Refused*	*No. tested elsewhere*	*Absent*	*Negative*	*Positive*
662	106	13	142	395	6

Of the 6 cases found positive 4 were referred for X-ray examination, of these, 3 produced negative results and the remaining case is at present under observation. 1 child left the district and 1 was found to have already been vaccinated with B.C.G.

(b) *B.C.G. Vaccination.*—The scheme for the vaccination against tuberculosis of thirteen year old school children continued throughout the year, the details of the work undertaken are set out below:

1. No. of Medical Officers approved to undertake B.C.G. Vaccination 2

2. *Acceptances*—
   - No. of 13-year old children eligible during the year 835
   - No. offered tuberculin testing and vaccination if necessary .. 835
   - No. found to have been vaccinated previously 1
   - No. of acceptances 282
   - Percentage of acceptances .. .. 33·81

3.	*Pre-vaccination Tuberculin Test—*	
	No. of children tested	263
	Result of test—	
	(i) Positive	52
	(ii) Negative	211
	(iii) Not ascertained	263
	Percentage positive	19·77
4.	*Vaccination*	
	No. vaccinated	211
5.	*Tuberculin test twelve months after vaccination—*	
	No. vaccinated in 1956	164
	No. tuberculin tested after 12 months	153
	Result of test—	
	(i) Positive	130
	(ii) Negative	20
	(iii) Not ascertained	3
		153

Co-operation of Teachers, Welfare Officers and Home Nurses

(a) *Teachers*

Teachers assist in the work of the School Medical Service by selecting children suffering from defects and referring them to the School Clinic.

(b) *Welfare Officers*

As usual the Welfare Officers meet with mentally and physically defective children during the course of their home visits and greatly assist the School Medical Officer by referring them to the School Clinic.

(c) *Home Nursing Service*

The Home Nurses are always ready to assist where children require nursing treatment at home

Clinics

Particulars of Clinics held, showing day, time and frequency of sessions and staff in attendance, as at 31st December, 1957
See note at end of table for explanation of abbreviations.

Premises	Ante-natal	Infant Welfare	U.V. Light	Minor Ailments	School	Speech Therapy	Immunisation	Child Guidance	Remedial Exercises	Mental Health	Ophthalmic	Orthopaedic	Paediatric	Dental	Other
DIV. 1. (SKIPTON)															
Addingham Mobile Clinic No. 1 ..	—	Thurs. p.m. (alternate) ACMO/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Austwick Mobile Clinic No. 1 ..	—	Tues. p.m. (every 4 weeks) HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Barnoldswick The Butts .. .. .. (Phone: Barn'swick 3288)	Fri. p.m. ACMO/HV/M Wed. p.m. M *Relax.*	Wed. p.m./HV Thurs. p.m. ACMO/HV(2)	Wed. p.m. Fri. a.m. HV	—	—	—	—	—	—	—	as required HMO/HV	—	—	—	—
Barnoldswick Kelbrook Rd. .. .. (Phone: Barnoldswick 2317)	—	—	—	—	—	—	—	—	—	—	—	—	—	Fri. a./p.m.	—
Bentham .. Town Hall	—	Tues. p.m. (alternate) GP/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Bentham Ashfield House	Tues. p.m. (alternate) M *Relax.*	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Bolton-by-Bowland Mobile Clinic No. 1 ..	—	Mon. a.m. (alternate) HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Bradley Mobile Clinic No. 1 ..	—	Wed. a.m. (alternate) ACMO/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Burton-in-Lonsdale Mobile Clinic No. 1 ..	—	Tues. a.m. (alternate) HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Carleton Mobile Clinic No. 1 ..	—	Thurs. a.m. (alternate) ACMO/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Clapham Mobile Clinic No. 1 ..	—	Tues. a.m. (alternate) HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Cononley Mobile Clinic No. 1 ..	—	Wed. a.m. (alternate) ACMO/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Cowling Mobile Clinic No. 1 ..	—	Wed. p.m. (alternate) ACMO/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Crosshills Ebenezer Sunday School	Tues. a.m. (alternate) ACMO/HV/M	Tues. p.m. (alternate) ACMO/HV(2) Tues. p.m. (alternate) HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Earby Old Grammar School ..	Fri. p.m. (alternate) ACMO/HV(2)/M Tues. p.m. M *Relax.*	Wed. p.m. (alternate) GP/HV Wed. a.m. HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Embsay Mobile Clinic No. 1 ..	—	Thurs. a.m. (alternate) ACMO/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Gargrave The Institute	—	Thurs. p.m. (alternate) ACMO/HV	—	—	—	—	—	—	—	—	—	—	—	—	—

Grassington Church House	—	Wed. p.m. (alternate) GP/HV	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Grindleton Mobile Clinic No. 1 ..	—	Mon. a.m. (alternate) HV	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Grindleton Riversmead School ..	—	—	—	—	—	—	—	—	—	—	as required HMO/HV	—	—	—	—	—
Hellifield Mobile Clinic No. 1 ..	—	Mon. p.m. (alternate) ACMO/HV	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Helwith Bridge Mobile Clinic No. 1 ..	—	Tues. p.m. (every 4 weeks) HV	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Horton in Ribblesdale Mobile Clinic No. 1 ..	—	Tues. p.m. (every 4 weeks) HV	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ingleton Literary Institute ..	—	Tues. p.m. (alternate) ACMO/HV	—	—	—	—	—	—	—	—	as required HMO/HV	—	—	—	—	—
Long Preston Mobile Clinic No. 1 ..	—	Mon. p.m. (alternate) ACMO/HV	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Sedbergh Masonic Hall	—	Wed. p.m. (1st & 3rd) ACMO/HV/M	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Sedbergh Settlebeck School ..	—	—	—	—	—	—	—	—	—	—	as required HMO/HV	—	—	—	—	—
Settle Wesleyan Sunday School	—	Thurs. p.m. (alternate) ACMO/HV	—	—	—	—	—	—	—	—	as required HMO/HV	—	—	—	—	—
Settle Divisional Office, Cragdale	Tues p.m. (alternate) ACMO/HV/ Tues. a.m. (alternate) M *Relax.*	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Settle Area Mobile Dental Clinic ..	—	—	—	—	—	—	—	—	—	—	—	—	—	Daily	—	—
Silsden Kirkgate Methodist Sunday School	—	Tues. p.m. (alternate) ACMO/HV(2) Thurs. p.m. (alternate) HV	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Skipton Millfields Hall	—	Wed. p.m. ACMO/HV(2) Thurs. p.m. HV(2)	—	—	—	—	—	—	—	—	as required HMO/HV	—	—	—	—	—
Skipton Area Mobile Dental Clinic ..	—	—	—	—	—	—	—	—	—	—	—	—	—	Daily	—	—
Waddington St. Helen's Sunday School	—	Thurs. p.m. (alternate) GP/HV	—	—	—	—	—	—	—	—	—	—	—	—	—	—
DIV. 3 (KEIGHLEY)																
Haworth Hall Green Baptist Church	Wed. a.m. ACMO/HV/M Wed. p.m. M *Relax.*	Tues. p.m. ACMO/HV	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Haworth The Institute	—	—	—	—	—	—	—	—	Tues. p.m. ON	—	—	—	—	—	—	—

CLINICS—(*continued*)

Premises	Ante-natal	Infant Welfare	U.V. Light	Minor Ailments	School	Speech Therapy	Immunisation	Child Guidance	Remedial Exercises	Mental Health	Ophthalmic	Orthopaedic	Paediatric	Dental	Other
Keighley Westgate Clinic, Oakworth Road (Phone: Keighley 2244/5)	Tues. p.m. ACMO/HV/M Fri. a.m. ACMO/HV Wed. p.m. M *Relax.*	Thurs. p.m. ACMO/HV(2) Fri. p.m. ACMO/HV(2)	—	—	—	—	Mon. p.m. (last in mth.) ACMO/HV	—	—	—	—	—	—	—	—
Keighley Mansion House, Victoria Park (Phone: Keighley 2244/5)	Tues. a.m. ACMO/HV/M Tues. p.m. M *Relax.*	Wed. a.m.HV(2) Wed. p.m. ACMO/HV(2)	—	—	—	—	Mon. p.m. (1st in mth.) ACMO/HV	—	—	—	—	—	—	—	—
Keighley 147 Skipton Road (Phone: Keighley 2286)	—	—	Tues. a.m. Fri. p.m. ON	Daily a.m. HV	Mon. a.m. Thurs. a.m. ACMO/HV	Mon. a.m. Tues. p.m. Wed. a.m. Fri. a./p.m. ST	Fri. p.m. (last in mth.) ACMO/HV	—	Mon.a./p.m. Tues. a.m. Wed. a/p.m. Th. a./p.m. Fri. p.m. ON	—	Tues. a.m. (alternate) HMO/HV	—	—	Daily	—
Oakworth Methodist Sunday School	Thurs. p.m. (alternate) before I.W. ACMO/HV/M	Thurs. p.m. (alternate) ACMO/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Oxenhope Methodist Sunday School	Thurs. p.m. (alternate) before I.W. ACMO/HV/M	Thurs. p.m. (alternate) ACMO/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Morton Memorial Institute, East Morton	—	Fri. p.m. (alternate) ACMO/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
DIV. 4 (SHIPLEY)															
Baildon Methodist School	Wed. a.m. (alternate) GP/HV/M	Mon. p.m. GP/HV(2)	—	Mon. a.m. H.V.	—	—	—	—	—	—	—	—	—	—	—
Bingley County Secondary School	—	—	—	At S.C.	Fri. am. ACMO/HV	—	—	—	—	—	—	—	—	—	—
Bingley Myrtle Park (Phone: Bingley 3894)	Tues. p.m. ACMO/M(2) Wed. p.m. M/HV *Relax.*	Thurs. p.m. ACMO/HV(2)	Mon. p.m. Fri. p.m. HV	Tues. a.m. Thurs. a.m. HV	Fri. p.m. ACMO/HV	Mon. p.m. ST	—	—	Mon. p.m. ON	—	—	—	—	—	—
Bingley Old Technical Institute (Phone: Bingley 3672)	—	—	—	—	—	—	—	—	—	—	—	—	—	Mon. to Thurs. a./p.m.	—
Cottingley Town Hall	—	Wed. p.m. (alternate) GP/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Cullingworth Church School	—	Tues. p.m. (alternate) GP/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Denholme Methodist School	With Infant Welfare	Wed. p.m. (alternate) GP/HV/M	—	—	—	—	—	—	—	—	—	—	—	—	—
Harden (Bingley) Memorial Hall	—	Wed. p.m. (alternate) ACMO/HV	—	—	—	—	—	—	—	—	—	—	—	—	—

Shipley Somerset House .. (Phone: Shipley 51363)	Tues. p.m. M(2) Wed. p.m. ACMO/M(2) Tues. p.m. M/ON *Relax.*	Tues. p.m. ACMO/HV(3) Thurs. p.m. ACMO/HV(2)	Wed. a.m. Fri. p.m. HV	Tues. a.m. Thurs. a.m. HV	Thurs. p.m. ACMO/HV	Tues. a.m. Thurs. a./p.m. ST	Thurs. a.m. ACMO/HV	Fri. a./p.m. Ps/Pl/PSW	Tues. p.m. Wed. a.m. Thurs. p.m. and Fri. a.m. (alternate) ON	—	Thurs. a./ p.m. HMO/HV	Mon. p.m. (monthly) HMO/ON	—	Daily	E.N.T. Tues. a.m. (monthly) HMO/HV Dermato- logical Mon. a.m. (monthly) HMO/HV Audiometry Fri. p.m. HV
Shipley 105 Wrose Road .. (Phone: Shipley 54237)	—	Tues. a.m. HV Fri. p.m. ACMO/HV(2)	—	Fri. a.m. HV	—	—	—	—	—	—	—	—	—	—	—
Shipley Maternity Home .. .. Wilsden Royd House	Wed. a.m. ACMO —	— Tues. p.m. (alternate) GP/HV	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
DIV. 5 (HORSFORTH)															
Bramhope Craven Institute	—	Mon. p.m. (alternate) GP/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Burley The Grange .. .. (Phone: Burley 2289)	Wed. p.m. M/HV *Relax.*	Tues. p.m. ACMO/HV	—	Daily HV	—	—	—	—	—	—	—	—	—	—	—
Calverley Chapel Street .. .. (Phone: Pudsey 2407)	Wed. p.m. (1st in month with IW) GP/HV(3)/M Mon. p.m. M *Relax.*	Wed. p.m. GP/HV(2)	Wed. a.m. Fri. a.m. HV	—	—	—	—	—	—	—	—	—	—	—	—
Farsley Farfield House .. .. (Phone: Pudsey 4859)	Fri. p.m. GP/HV(2)/M Wed. p.m. (exeept 1st) M *Relax.*	Tues. p.m. GP/HV(2)	—	Mon. a.m. Thurs. a.m. HV	—	—	—	—	—	—	Wed. a./p.m. (2nd in mth.) HMO/HV	—	Thurs. a.m. (1st in mth.) HMO/HV	—	E.N.T. Tues. a.m. (1st in mth.) HMO/HV
Guiseley Baptist Church, Oxford Road	Wed. p.m. ACMO/HV/M Fri. p.m. M *Relax.*	Thurs. p.m. ACMO/HV(2)	—	Thurs. a.m. HV(2)	Thurs. a.m. (1st & 4th) ACMO/ HV(2)	Mon. a.m. Wed. a.m. ST	—	—	—	—	as required HMO/HV	—	Thurs. a.m. (4th in mth.) HMO/HV	—	—
Horsforth St. Margaret's Hall ..	Mon. p.m. (1st & 3rd) GP/HV/M Tues. p.m. M *Relax.*	Wed. p.m. GP/HV(2)	—	Wed. a.m. HV(2)	Wed. a.m. (4th in mth.) ACMO/ HV(2)	—	—	—	—	—	—	—	—	—	—
Ilkley South Hawksworth Street (Phone: Ilkley 1606)	Thurs. p.m. (alternate) HV Thurs. p.m. M/HV *Relax.*	Wed. p.m. GP/HV	Tues. p.m. Fri. p.m. HV	Daily a.m. HV	Mon. a.m. ACMO/HV	Fri. a.m. ST	—	—	Thurs. a.m. ON	—	Mon. a./p.m. (3rd in mth.) HMO/HV	—	—	As required	—
Menston Kirklands	—	Thurs. p.m. (alternate) GP/HV	—	Mon. a.m. Fri. a.m. HV	—	—	—	—	—	—	—	—	—	—	—
Otley The Licks .. .. .. (Phone: Otley 2727)	Tues. p.m. M Tues. a.m. ON/HV *Relax.*	Thurs. a./p.m. ACMO/HV	Mon. a.m. Fri. a.m. HV	Daily a.m. HV	Thurs. a.m. ACMO/ HV	Mon. p.m. Fri. p.m. ST	—	—	Fri. p.m. ON	—	Mon. a./p.m. (1st in mth.) HMO/ HV	—	—	—	—

CLINICS—(*continued*)

Premises	Ante-natal	Infant Welfare	U.V. Light	Minor Ailments	School	Speech Therapy	Immunisation	Child Guidance	Remedial Exercises	Mental Health	Ophthalmic	Orthopaedic	Paediatric	Dental	Other
Pool-in-Wharfedale Church Room	—	Mon. p.m. (alternate) HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Pudsey St. Lawrence House .. (Phone: Pudsey 3901)	Thurs. p.m. ACMO/ HV(3)/M	Mon. p.m. GP/HV(2) Wed. p.m. HV	Tues. a.m. Thurs. a.m. HV	—	—	Tues.a/p.m. Wed. p.m. Thurs. p.m. (alternate) ST	—	—	Mon. a.m. Wed. p.m. Sat. a.m. (alternate) ON	—	—	Fri. a.m. (3rd in mth.) HMO/ON	—	—	—
Pudsey Richardshaw Lane .. (Phone: Pudsey 2849)	—	—	—	Tues. a.m. Wed. a.m. Fri. a.m. HV	Tues. a.m. (except 1st) ACMO/HV	—	—	—	—	—	—	—	—	Daily	—
Rawdon Methodist Sunday School, Harrogate Road	Wed. a.m. (2nd in mth.) GP/HV(2)/M	Thurs. p.m. GP/HV(2)	—	—	—	—	—	—	—	—	—	—	—	—	—
Yeadon Town Hall .. .. (Phone: Rawdon 1098)	Wed. a.m. (1st & 3rd) GP/HV(2)	Tues. p.m. ACMO/HV(2)	—	Tues. a.m. HV	Tues. a.m. ACMO/HV	—	—	—	—	—	—	—	—	—	—
Yeadon South View School ..	—	—	—	—	—	—	—	—	—	—	As required HMO/HV	—	—	—	—
DIV. 7 (RIPON)															
Birstwith Mobile Clinic No. 1 ..	—	Mon. p.m. (4 weekly) DMO/HV	—	—	—	—	—	—	—	—	—	—	—	—	Cardiac see Div. 8 —
Bishop Monkton Mobile Clinic No. 1 ..	—	Fri. p.m. (alternate) ACMO/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Bishop Thornton Mobile Clinic No. 1 ..	—	Mon. a.m. (4 weekly) DMO/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Copt Hewick Mobile Clinic No. 1 ..	—	Tues. p.m. (4 weekly) ACMO/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Dacre Mobile Clinic No. 1 ..	—	Mon. p.m. (4 weekly) ACMO/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Darley Mobile Clinic No. 1 ..	—	Mon. p.m. (alternate) DMO/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Galphay Mobile Clinic No. 1 ..	—	Tues. a.m. (4 weekly) ACMO/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Grewelthorpe Mobile Clinic No. 1 ..	—	Tues. a.m. (4 weekly) ACMO/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Heyshaw Lane End Mobile Clinic No. 1	—	Mon. p.m. (4 weekly) DMO/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Kirkby Malzeard Mobile Clinic No. 1 ..	—	Tues. a.m. (4 weekly) ACMO/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Lofthouse Mobile Clinic No. 1 ..	—	Mon. a.m. (4 weekly) ACMO/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Markington Mobile Clinic No. 1 ..	—	Mon. a.m. (4 weekly) DMO/HV	—	—	—	—	—	—	—	—	—	—	—	—	—

Mickley Mobile Clinic No. 1 ..	—	Tues. a.m. (4 weekly) ACMO/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
North Stainley Mobile Clinic No. 1 ..	—	Tues. p.m. (4 weekly) ACMO/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Nunwick Mobile Clinic No. 1 ..	—	Tues. p.m. (4 weekly) ACMO/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Pateley Bridge Methodist Buildings ..	—	Wed. p.m. (1st & 3rd) GP/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Pateley Bridge Welfare Centre, Council Offices	—	—	—	—	Fri. a.m. ACMO/HV	—	—	—	—	—	As required HMO/HV	—	—	—	—
Ripon Alma House .. .. (Phone: Ripon 919)	Thurs. p.m. (1st and 3rd) GP/HV(2)	Mon. p.m. ACMO/HV(2)	Mon. a.m. ACMO/HV Thurs. a.m. DMO/HV	Daily a.m. HV(2)	Mon. a.m. ACMO/ HV(2)	Wed. a.m. Fri. a./p.m. ST	—	—	—	—	Tues. p.m. HMO/HV	Fri. p.m. (3rd in mth.) HMO/HV	Fri. p.m. (2nd in mth.) HMO/ HV(2)	Daily	—
Ripon Hospital	—	—	—	—	—	—	—	—	—	—	—	—	—	—	E.N.T. Thurs. a.m. (1st in mth.) HMO/HV
Sawley Mobile Clinic No. 1 ..	—	Tues. a.m. (4 weekly) ACMO/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Shaw Mills Mobile Clinic No. 1 ..	—	Mon. a.m. (4 weekly) DMO/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Skelton Mobile Clinic No. 1 ..	—	Tues. p.m. (4 weekly) ACMO/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Summerbridge Methodist Buildings ..	—	Wed. p.m. (2nd in month) GP/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Winksley Mobile Clinic No. 1 ..	—	Tues. a.m. (4 weekly) ACMO/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
DIV. 8 (HARROGATE)															
Boroughbridge Methodist Sunday School	—	Fri. p.m. ACMO/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Burton Leonard Mobile Clinic No. 1 ..	—	Fri. p.m. (alternate) ACMO/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Follifoot Mobile Clinic No. 1 ..	—	Fri. a.m. (4 weekly) ACMO/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Hampsthwaite Mobile Clinic No. 1 ..	—	Fri. a.m. (4 weekly) ACMO/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Harrogate Dragon Parade .. .. (Phone: Harrogate 6332)	Tues. p.m. Wed. a.m. ACMO/HV Tues. p.m. Wed. a.m. Thurs. p.m. HV *Relax. & Mothercraft*	Mon. p.m. Thurs. p.m. ACMO/HV(2)	Mon. a.m. Wed. p.m. Fri. a.m. HV	Mon. a.m. Thurs. a.m. HV	Wed. p.m. DMO/HV	Mon. p.m. Tues. a.m. Wed. p.m. ST	Wed. a.m. ACMO/HV	Th. a./p.m. Ps/Pl/PSW	—	Mon. to Fri. a.m. MH	—	Tues. a.m. (alternate) HMO/ ACMO/HV	—	Daily (Phone: Harr. 2433	E.N.T. Sat. a.m. (as required) HMO/HV
Harrogate 11 Ripon Road, ... (Hospital premises)	—	—	—	—	—	—	—	—	—	—	Fri. a./p.m. (1, 2 & 4th) HMO/HV	—	—	—	—

CLINICS—(*continued*)

Premises	Ante-natal	Infant Welfare	U.V. Light	Minor Ailments	School	Speech Therapy	Immunisation	Child Guidance	Remedial Exercises	Mental Health	Ophthalmic	Orthopaedic	Paediatric	Dental	Other
Harrogate General Hospital ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	Cardiac Sat. a.m. (as required) HMO/ ACMO/HV includes Divs. 7 & 9
Harrogate Methodist School Room, High St., Starbeck ..	—	Wed. p.m. ACMO/HV(2)	—	—	—	—	—	—	—	—	—	—	—	—	—
Harrogate St. Joseph's Schoolroom. Skipton Road	—	Mon. p.m. ACMO/HV(2)	—	—	—	—	—	—	—	—	—	—	—	—	—
Harrogate Penny Pot Lane .. .. (Army premises)	—	Wed. p.m. (alternate) HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Killinghall Mobile Clinic No. 1 ..	—	Fri. a.m. (4 weekly) ACMO/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Knaresborough Fysche Hall .. .. (Phone: Knaresborough 3014)	—	Tues. p.m. ACMO/HV Thurs. p.m. (2nd & 4th) HV	—	—	Mon. a.m. Thurs. a.m. ACMO/HV	—	—	—	—	Mon. to Fri. p.m. MH	Fri. a./p.m. (as required) HMO/HV	—	—	—	—
Knaresborough Chain Lane .. .. (Phone: Knaresborough 2290)	—	—	—	—	—	—	—	—	—	—	—	—	—	Wed. to Fri. a./p.m.	—
Poppleton Church Hall	—	Wed. p.m. (2nd & 4th) ACMO/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Scotton Mobile Clinic No. 1 ..	—	Fri. a.m. (4 weekly) ACMO/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Whixley Village Hall	—	Thurs. p.m. (1st & 3rd) GP/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
DIV. 9 (WETHERBY)															
Aberford Mobile Clinic No. 1 ..	With Infant Welfare	Wed. a.m. (alternate) GP/HV	—	—	—	—	—	—	—	—	—	—	—	—	Cardiac See Div. 8 —
Appleton Roebuck Mobile Clinic No. 1 ..	With Infant Welfare	Thurs. a.m. (alternate) ACMO/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Barwick in Elmet Methodist Schoolroom ..	With Infant Welfare	Tues. p.m. (alternate) GP/HV(2)	—	—	—	—	—	—	—	—	—	—	—	—	—
Boston Spa West End Nursery School	With Infant Welfare	Wed. p.m. (alternate) ACMO/HV(2)	—	—	—	—	—								
Bramham Mobile Clinic No. 1 ..	With Infant Welfare	Fri. a.m. (alternate) GP/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Copmanthorpe Mobile Clinic No. 1 ..	With Infant Welfare	Thurs. p.m. (alternate) GP/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Church Fenton Methodist Sunday School	With Infant Welfare	Wed. p.m. (alternate) GP/HV	—	—	—	—	—	—	—	—	—	—	—	—	—

Church Fenton R.A.F. Station	With Infant Welfare	Thurs. p.m. (alternate) MO(RAF)/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
East Keswick Methodist Schoolroom ..	With Infant Welfare	Mon. p.m. (alternate) ACMO/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Harewood Mobile Clinic No. 1 ..	With Infant Welfare	Fri. a.m. (alternate) GP/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Huby Mobile Clinic No. 1 ..	With Infant Welfare	Fri. p.m. (alternate) ACMO/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Ledston Mobile Clinic No. 1 ..	With Infant Welfare	Wed. a.m. (alternate) GP/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Micklefield Methodist Chapel	With Infant Welfare Tues. p.m. (alternate) M *Relax.*	Tues. p.m. (alternate) GP/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Scholes Mobile Clinic No. 1 ..	With Infant Welfare	Wed. p.m. (alternate) GP/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Sherburn in Elmet Methodist Sunday School	With Infant Welfare	Tues. p.m. (alternate) GP/HV(2)	—	—	—	—	—	—	—	—	—	—	—	—	—
Sicklinghall Mobile Clinic No. 1 ..	With Infant Welfare	Fri. p.m. (alternate) ACMO/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Swillington Clinic Hut, Wakefield Rd.	With Infant Welfare Mon. p.m. HV/M *Relax.*	Thurs. p.m. ACMO/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Tadcaster Multiple Clinic, Leeds Rd. (Phone: Tadcaster 3260)	Fri. p.m. (alternate) DMO/HV(2)/M Fri. p.m. (alternate) HV *Relax.*	Tues. p.m. (alternate) ACMO/HV(2)	—	—	—	Thurs.a./p.m. ST	—	—	—	Mon.a./p.m. Wed. a./p.m. MH	Fri. a.m. (alternate) HMO/HV	Mon. p.m. (2nd in mth.) HMO/HV	Wed. p.m. (2nd in mth.) HMO/HV	Daily	E.N.T. Tues. a.m. (4 weekly) HMO/HV
Thorner Mobile Clinic No. 1 ..	With Infant Welfare	Wed. p.m. (alternate) GP/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Tockwith Methodist Sunday School	With Infant Welfare	Mon. p.m. (alternate) ACMO/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Wetherby Crossley Street .. .. (Phone: Wetherby 551)	Wed. p.m. (alternate) ACMO/HV (2)/M HV *Relax.*	Thurs. p.m. ACMO/HV(2)	—	—	—	Tues. p.m. ST	—	—	—	—	Fri. p.m. (alternate) HMO/HV	—	—	By appointment (Phone: Wetherby 154)	—
DIV. 10 (GOOLE)															
Goole Bartholomew Ave. .. (Phone: Goole 490)	Fri. p.m. DMO/ACMO /HV(3) Mon. p.m. HV/M *Relax and Mother-craft*	Tues. p.m. ACMO/HV(3)	Mon. a.m. Thurs. a.m. HV	Daily a.m. HV	Fri. a.m. ACMO/HV (2)	Wed. a.m. Thurs. p.m. ST	—	—	Tues. a.m. Thurs. a.m. ON	Wed.a./p.m. Thur. a/p.m. Fri. a.m. MH	Thur.a./p.m. As required HMO/HV	—	Wed. p.m. (1st in mth.) HMO/HV	—	—
Goole Westfield Avenue.. .. (Phone: Goole 816)	—	—	—	—	—	—	—	—	—	—	—	—	—	Daily	—
Old Goole St. Mary's Hall	—	Thurs. p.m. ACMO/HV	—	—	—	—	—	—	—	—	—	—	—	—	—

CLINICS—(*continued*)

Premises	Ante-natal	Infant Welfare	U.V. Light	Minor Ailments	School	Speech Therapy	Immunisation	Child Guidance	Remedial Exercises	Mental Health	Ophthalmic	Orthopaedic	Paediatric	Dental	Other
Selby Brook Street	Mon. p.m. ACMO/HV(2) Wed. p.m. HV/M *Mothercraft and Relax.*	Fri. p.m. ACMO/HV(2)	—	Mon. a.m. Fri. a.m. HV	Mon. a.m. ACMO/HV (2)	—	—	—	Tues. p.m. ON	—	Thurs. a./p.m. As required HMO/HV	—	—	—	—
Selby Hawdon Institute, Church Avenue	—	—	—	—	—	Wed. p.m. ST	—	—	—	Tues.a./p.m. MH	—	—	—	—	—
Snaith Rose Cottage	Wed. p.m. (alternate) ACMO/HV	Thurs. p.m. ACMO/HV	—	—	Wed. a.m. ACMO/HV	—	—	—	—	—	—	—	—	—	—
Swinefleet Prospect House	Wed. p.m. (alternate) ACMO/HV Wed. p.m. (alternate) HV/M *Mothercraft and Relax.*	Mon. p.m. ACMO/HV	—	Mon. a.m. Wed. a.m. HV	Wed. a.m. (alternate) ACMO/HV	—	—	—	—	Fri. p.m. MH	—	—	—	—	—
DIV. 11 (CASTLEFORD)															
Airedale Methodist Church .	Thurs. p.m. (1, 2 & 4) GP/HV(2)/ M(2)	Mon. p.m. GP/HV(2)	—	—	—	—	—	—	—	—	—	—	—	—	—
Altofts Upper Altofts Methodist Church	—	Wed. p.m. GP/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Castleford Castledene .. .. (Phone: Castleford 2689)	Tues. p.m. M *Relax.*	—	Tues. a.m. Fri. a.m. HV(2)	—	—	Tues.a./p.m. Fri. a./p.m. ST	—	—	—	—	Wed. a./p.m. HMO/HV	Tues. a.m. (4th in mth.) HMO/HV	Wed. p.m. (3rd in mth.) HMO/HV	—	—
Castleford Barnes Road .. .. (Phone: Castleford 3146)	—	—	—	—	—	—	—	—	—	—	—	—	—	Daily	—
Castleford West Villa, Hightown .. (Phone: Castleford 3549)	Thurs. p.m. GP/HV/M(2)	Mon. p.m. GP/HV(2)	—	—	—	—	—	—	—	—	—	—	—	—	—
Castleford Hightown Hospital ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	E.N.T. Wed. p.m. (alternate) HMO/HV
Castleford Old Council Offices, Sagar Street .. .. (Phone: Castleford 3551)	Wed. p.m. GP/HV(2)/ M(2)	Mon. p.m. Thurs. p.m. GP/HV(2)	—	Mon. a.m. Wed. a.m. Fri. a.m. HV	Wed. a.m. ACMO/ HV(2)	—	—	—	—	—	—	—	—	—	—
Glasshoughton St. Paul's Church ..	Wed. p.m. (2nd & 4th) GP/HV/M	Tues. p.m. GP/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Normanton Park Pavilion .. .. (Phone: Normanton 3292)	Wed. p.m. ACMO/HV/ M(2)	Tues. p.m. Thurs. p.m. ACMO/HV(3)	Mon. a.m. Fri. a.m. HV(2)	Daily a.m. HV	Tues. a.m. ACMO/HV	—	—	—	—	—	—	—	—	—	—
DIV. 12 (PONTEFRACT)															
Beal Methodist Chapel ..	—	Thurs. p.m. (alternate) DMO/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Brotherton Mobile Clinic No. 2 ..	—	Mon. p.m. (alternate) ACMO/HV	—	—	—	—	—	—	—	—	—	—	—	—	—

Carleton Community Centre ..	—	Wed. p.m. DMO/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Fairburn Mobile Clinic No. 2 ..	—	Mon. a.m. (alternate) ACMO/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Featherstone Albert Street .. .. (Phone: Featherstone 330)	Tues. p.m. ACMO/HV/ M(3) Mon. p.m. M(2) *Relax.*	Wed. p.m. ACMO/HV(2) Thurs. p.m. (2nd & 4th) GP/HV, *Toddlers*	—	Daily a.m. HV	—	Mon. a./p.m. ST	Thurs. a.m. (1st in mth.) ACMO/HV	—	—	Mon. p.m. Tues. a.m. MH	—	—	—	—	—
Ferrybridge Wesleyan Chapel ..	Tues. p.m. (alternate) ACMO/HV/ M(2)	Wed. p.m. GP/HV(3)	—	Wed. a.m. HV	—	—	—	—	—	—	—	—	—	—	—
Hensall Mobile Clinic No. 2 ..	—	Tues. a.m. (alternate) ACMO/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Knottingley Chapel Street .. .. (Phone: Knottingley 2000)	Tues. p.m. (2nd & 4th) GP/HV/M(2) Thurs. p.m. (1st & 3rd) GP/HV/M(2) Fri. p.m. M(2) *Relax.*	Mon. p.m. GP/HV(2)	—	Mon. a.m. Fri. a.m. HV	Mon. a.m. (monthly) ACMO/ HV	Thurs. a.m. ST	—	—	—	Wed. p.m. Fri. p.m. MH	—	—	—	—	—
Knottingley Raeca Green .. .. (Phone: Knottingley 2196)	—	—	—	—	—	—	—	—	—	—	—	—	—	Daily	—
Monk Fryston Mobile Clinic No. 2 ..	—	Mon. a.m. (alternate) ACMO/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Pontefract Headlands Road .. .. (Phone: Pontefract 2577)	Fri. a.m. DMO/HV/ M(2) Tues. p.m. M *Relax.*	Mon. a./p.m. ACMO/HV	Mon. p.m. Fri. p.m. HV	Daily HV	Thurs. a./p.m. ACMO/HV	—	Tues. p.m. (2nd & 4th) DMO/HV	—	Wed. a.m. ON	Mon. a.m. Thurs. p.m. MH	Thurs. a.m. HMO/HV	Tues. p.m. (1st in mth.) HMO/ON	—	Tues. a.m. Wed. a.m. Fri. p.m.	E.N.T. Wed. p.m. (alternate) HMO/HV
Pontefract Willow Park Infants' Sch. (Phone: Pontefract 2808)	—	—	—	—	—	—	—	—	—	—	—	—	—	Wed. a.m. Th. a./p.m.	—
Streethouse Methodist Chapel ..	—	Mon. p.m. GP/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Whitley Bridge Mobile Clinic No. 2 ..	—	Tues. a.m. (alternate) ACMO/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
DIV. 13 (MORLEY)															
Crigglestone Village Institute	With Infant Welfare	Wed. p.m. ACMO/HV/M	—	Wed. a.m. HV	—	—	—	—	—	—	—	—	—	—	—
Crofton Mission Hall	With Infant Welfare Tues. p.m. M *Relax.*	Mon. p.m. ACMO/HV/M	—	—	—	—	—	—	—	—	—	—	—	—	—
Crofton Parochial Hall	—	—	—	Mon. a.m. Thurs. a.m. HV	—	—	—	—	—	—	—	—	—	—	—
Drighlington Methodist School ..	With Infant Welfare	Fri. p.m. GP/HV	—	Tues. p.m. Fri. p.m. HV	—	—	—	—	—	—	—	—	—	—	—

CLINICS—(*continued*)

Premises	Ante-natal	Infant Welfare	U.V. Light	Minor Ailments	School	Speech Therapy	Immunisation	Child Guidance	Remedial Exercises	Mental Health	Ophthalmic	Orthopaedic	Paediatric	Dental	Other
East Ardsley Methodist School, The Falls	With Infant Welfare	Tues. p.m. GP/HV	—	Tues. p.m. Fri. p.m. HV	—	—	—	—	—	—	—	—	—	—	—
Gildersome Council Offices	With Infant Welfare Thurs. p.m. (1st & 3rd) M *Relax.*	Wed. p.m. ACMO/HV	—	Mon. p.m. Wed. p.m. HV	—	—	—	—	—	—	—	—	—	—	—
Horbury Congregational School, Tithe Barn Street ..	Thurs. p.m. ACMO/M Tues. p.m. M *Relax.*	Mon. p.m. GP/HV	—	Mon. a.m. Thurs. a.m. HV	Thurs. a.m. (1st in mth.) ACMO/ HV(2)	—	—	—	—	—	—	—	—	—	—
Middlestown Church School	With Infant Welfare Mon. p.m. M *Relax.*	Tues. p.m. GP/HV/M	—	—	—	—	—	—	—	—	—	—	—	—	—
Morley Corporation Street .. (Phone: Morley 1570)	Fri. p.m. ACMO/M(2) Mon. p.m. M(2) *Relax.*	Mon. p.m. Wed. p.m. ACMO/HV(2)	Tues. p.m. Thurs. p.m. HV	Daily a./p.m. HV	Tues. a.m. Fri. a.m. ACMO/HV	Fri. a./p.m. ST	Fri. a.m. ACMO/HV	—	—	—	As required HMO/HV	—	Wed. p.m. (2nd & 4th) HMO/HV	Daily	—
Ossett Croft House .. .. (Phone: Ossett 33)	Fri. p.m. ACMO/ M(3) Wed. p.m. M *Relax.*	Mon. p.m. GP/HV(2) Thurs. p.m. ACMO/HV(2)	—	Daily p.m. HV	Tues. a.m. Fri. a.m. ACMO/HV	—	Wed., (1st for under 5's and 2nd for over 5's) GP/HV	—	—	—	Mon.a./p.m. (2nd in mth.) HMO/HV	—	—	Mon.a./p.m.	—
Sharlston St. Luke's Hall	With Infant Welfare	Tues. p.m. ACMO/HV/M	—	—	—	—	—	—	—	—	—	—	—	—	—
Wakefield Central Dental Clinic, Bond Street .. .. (Phone: Wakefield 3781, Ext. 480)	—	—	—	—	—	—	—	—	—	—	—	—	—	Daily	—
Wakefield County Health Department .. .. .. (Phone: Wakefield 3781, Ext. 242)	—	—	—	—	—	—	—	Wed. a./p.m. Ps/Pl/PSW	—	—	As required HMO/HV	—	—	—	—
Wakefield Pinderfields Hospital ..	—	—	—	—	—	—	—	—	—	—	—	Wed. p.m. (monthly) HMO/ON Includes Div. 16	—	—	—
West Ardsley 1 Syke Lane	With Infant Welfare Mon. p.m. M(2) *Relax.*	Thurs. p.m. ACMO/HV	—	Mon. p.m. HV	—	—	—	—	—	—	—	—	—	—	—
DIV. 15 (BATLEY)															
Batley Wellington Street.. .. (Phone: Batley 664)	Mon. p.m. ACMO/HV/ M(2)	Fri. p.m. ACMO/HV(3)	Mon. a.m. Thurs. a.m. HV	Tues. a.m. Wed. a.m. Fri. a.m. HV	Mon. a.m. Thurs. a.m. ACMO/HV	Wed. a./p.m. ST	Fri. p.m. ACMO/HV	—	—	—	Wed. a.m. HMO Fri. a./p.m. (alternate) HMO/HV	—	Fri. a.m. (alternate) HMO/HV	—	—
Batley Market Place (Phone: Batley 664)	—	—	—	—	—	—	—	—	—	—	—	—	—	Daily	—
Batley Temperance Hall ..	—	—	—	—	—	—	—	—	Mon.a/p.m. Thurs. a/p.m. ON	—	—	Mon. a.m. (2nd in mth.) HMO/ON	—	—	—

Batley Carr King Street Mission ..	—	Thurs. p.m. (alternate) ACMO/HV(2)	—	—	—	—	Thurs. p.m. (alternate) ACMO/HV	—	—	—	—	—	—	—	—
Birstall St. John's Methodist Sunday School	—	Wed. p.m. ACMO/HV(3)	—	Wed. p.m. HV	—	—	Wed. p.m. ACMO/HV	—	—	—	—	—	—	—	—
Hanging Heaton Church Hall, Ebenezer Methodist Chapel ..	—	Thurs. p.m. (alternate) ACMO/HV(2)	—	—	—	—	Thurs. p.m. (alternate) ACMO/HV	—	—	—	—	—	—	—	—
Heckmondwike The Hollies, Cemetery Rd. (Phone: Heckmondwike 1074)	Wed. p.m. (alternate) ACMO/M(2)	Thurs. p.m. ACMO/HV(2) Wed. p.m. (alternate) ACMO/HV *Toddlers*	—	Daily a.m. except Wed. HV	Wed. a.m. DMO/HV	—	Wed. a.m. ACMO/HV	—	—	Tues. a./p.m. MH	—	—	—	Daily	—
Staincliffe Methodist Sunday School	—	Tues. p.m. ACMO/HV(2)	—	—	—	—	Tues. p.m. ACMO/HV	—	—	—	—	—	—	—	—
DIV. 16 (ROTHWELL)												See Div. 13			
Allerton Bywater Miners' Welfare Institute	—	Wed. p.m. (alternate) ACMO/HV Wed. p.m. (alternate) HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Garforth Brunswick Methodist Chapel	Mon. a.m. ACMO/HV/M Fri. p.m. M *Relax.*	Mon. p.m. (alternate) ACMO/HV Mon. p.m. (alternate) HV	Mon. p.m. Wed. p.m. Fri. p.m. HV	—	—	—	—	—	—	—	—	—	—	—	—
Kippax Methodist Chapel, Chapel Lane	Tues. a.m. ACMO/HV/M	Tues. p.m. (alternate) ACMO/HV Tues. p.m. HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Lofthouse Wesleyan Chapel School-room, Leeds Road ..	—	Mon. p.m. (alternate) ACMO/HV Mon. p.m. (alternate) HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Methley Red House	Thurs. p.m. (alternate) ACMO/HV/M	Thurs. p.m. (alternate) ACMO/HV Thurs. p.m. (alternate) HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Oulton Harold Hall Institute, Quarry Hill	—	Tues. p.m. (alternate) ACMO/HV Tues. p.m. (alternate) HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Outwood Church Institute, Leeds Road	Wed. a.m. (alternate) ACMO/HV/M Wed. p.m. M *Relax.*	Wed. p.m. ACMO/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Rothwell Oulton Lane .. .. (Phone: Rothwell 2326)	Thurs. a./p.m. DMO/HV/M Tues. p.m. M *Relax.*	Mon. p.m. DMO/HV	Mon. a.m. Wed. a.m. Fri. a.m. HV	—	—	—	—	—	—	—	Fri. a./p.m. (1st & 3rd) HMO/HV	—	Fri. a.m. (2nd in mth.) HMO/HV	—	—
Rothwell Carlton Lane .. .. (Phone: Rothwell 3354)	—	—	—	—	—	—	—	—	—	—	—	—	—	Daily	—

CLINICS—(*continued*)

Premises	Ante-natal	Infant Welfare	U.V. Light	Minor Ailments	School	Speech Therapy	Immunisation	Child Guidance	Remedial Exercises	Mental Health	Ophthalmic	Ortho-paedic	Paedi-atric	Dental	Other
Stanley Zion Congregational Chapel, Aberford Road	Thurs. a.m. (alternate) ACMO/HV/M	Thurs. p.m. ACMO/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Thorpe Women's Institute ..	—	Wed. a.m. (alternate) ACMO/HV Wed. a.m. (alternate) HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Wrenthorpe St. Anne's Church Rooms	Mon. p.m. ACMO/HV/M	Mon. p.m. (alternate) ACMO/HV Mon. p.m. (alternate) HV	—	—	—	—	—	—	—	—	—	—	—	—	—
DIV. 17 (SPENBOROUGH)															
Birkenshaw Old Lane	—	Tues. p.m. ACMO/HV(2)	—	—	—	—	—	—	—	—	—	—	—	—	—
Cleckheaton Elm Bank .. .. .. (Phone: Cleckheaton 844)	Thurs. p.m. ACMO/HV/M(2) Thurs. p.m. M *Relax.*	Wed. p.m. ACMO/HV(2) Wed. p.m. (alternate) HV(2) *Mothers*	—	—	Mon. a.m. ACMO/HV	—	—	—	Fri. a./p.m. ON	—	Mon. p.m. Tues. p.m. HMO/HV	—	Thurs. a.m. 2nd and 4th HMO/HV	Daily	Chiropody Thurs. a.m. Ch
Gomersal Public Hall	—	Fri. p.m. (alternate) ACMO/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Liversedge Valley Road .. .. (Phone: Heckmondwike 839)	Mon. p.m. ACMO/HV/M(2)	Tues. p.m. ACMO/HV(2)	Tues. a.m. Fri. p.m. HV	—	—	Thur.a./p.m. ST	—	—	—	Wed. p.m. MH	—	—	—	—	Chiropody Mon. a.m. Ch
Mirfield Ings Grove .. .. (Phone: Mirfield 2376)	Wed. p.m. (2nd & 4th) ACMO/HV/M Wed. p.m. M *Relax.*	Thurs. p.m. (1st in mth.) ACMO/HV *Toddlers* Fri. p.m. ACMO/HV(2)	Mon. p.m. Thurs. p.m. HV	—	Fri. a.m. ACMO/HV	—	—	Tues. a./p.m. Ps/P1/PSW	Wed. a.m. ON	—	As required HMO/HV	—	—	—	Chiropody Fri. a.m. Ch
Roberttown Sunday School	—	Thurs. p.m. (3rd in month) ACMO/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Scholes Temperance Hall ..	—	Thurs. p.m. (2nd & 4th) ACMO/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
DIV. 18 (BRIGHOUSE)															
Brighouse Bonegate House .. .. (Phone: Brighouse 1408)	—	—	—	—	—	—	—	—	—	—	—	—	—	Daily	—
Brighouse 10 Huddersfield Road .. (Phone: Brighouse 796)	Tues. p.m. (alternate) ACMO/HV/M	Wed. p.m. GP/HV(2) Thurs. p.m. ACMO/HV	—	—	—	—	Fri. a.m. As required DMO/HV	—	—	—	—	—	—	—	—
Brighouse Atlas Mill Road .. .. (Phone: Brighouse 1009)	Tues. p.m. Fri. p.m. HV *Relax.*	—	Mon. a.m. Thurs. a.m. HV	Daily HV	Thurs. a.m. ACMO/HV	—	—	—	—	Tues. p.m. Ps/ACMO/HV	Wed. a.m. (alternate) Thurs. a.m. HMO/HV	Fri. p.m. (monthly) HMO/HV	—	—	E.N.T. Mon. a.m. As required HMO/HV
Elland St. Paul's School	Mon. a.m. (alternate) DMO/HV/M Mon. p.m. HV *Relax.*	Wed. p.m. ACMO/HV(2)	Mon. a.m. Wed. a.m. HV	Mon. a.m. Wed. a.m. HV	Wed. a.m. (alternate) ACMO/HV	—	—	—	—	—	—	—	—	—	—

Greetland Clay House .. (Phone: Elland 2540)	Wed. p.m. (alternate) DMO/HV/M	Tues. p.m. GP/HV(2)	Mon. p.m. Thurs. p.m. HV	Tues. a.m. Thurs. a.m. HV	Tues. a.m. (3rd in mth.) ACMO/HV	—	—	—	—	—	Thurs. a.m. (alternate) HMO/HV	—	—	—	—
Hipperholme Wesleyan School .. (Phone: Halifax 69787)	Fri. p.m. (alternate) ACMO/HV/M Fri. p.m. (alternate) M *Relax.*	Mon. p.m. ACMO/HV(2)	Mon. a.m. Fri. a.m. HV	—	Mon. a.m. DMO/HV	—	—	—	—	—	—	—	—	—	—
Queensbury Station Road .. (Phone: Queensbury 2531)	Fri. p.m. ACMO/HV/ M Wed. p.m. M *Relax.*	Thurs. p.m. ACMO/HV(2)	Tues. a.m. Fri. a.m. HV	Tues. a.m. Fri. a.m. HV	Fri. a.m. (2nd in mth.) ACMO/HV	—	—	—	—	—	—	—	—	—	—
Shelf Witchfield Chapel ..	Mon. p.m. ACMO/HV/ M	Mon. p.m. ACMO/HV	Mon. a.m. HV	Mon. a.m. HV	—	—	—	—	—	—	—	—	—	—	—
Southowram St. Anne's in the Grove .. (Phone: Halifax 3521)	Thurs. p.m. ACMO/HV/ M	Thurs. p.m. ACMO/HV(2)	Mon. a.m. Thurs. a.m. HV	Thurs. a.m. HV	—	—	—	—	—	—	—	—	—	—	—
DIV. 19 (TODMORDEN)															
Hebden Bridge Pitt Street .. (Phone: Hebden Bridge 324)	Tues. a.m. ACMO/HV/ M(2) Thurs. p.m. M(2) *Relax.*	Wed. p.m. ACMO/HV(2) Thurs. p.m. HV(2)	Tues. p.m. Fri. p.m. HV(2) Oct.—Apl.	—	Wed. a.m. ACMO/HV	Tues. a.m. ST	—	—	—	—	As required HMO/HV	—	—	—	—
Luddendenfoot The Institute ..	Wed. a.m. (1st & 3rd) ACMO/HV/ M	Fri. p.m. (alt.) ACMO/HV	—	Fri. a.m. HV	—	—	—	—	—	—	—	—	—	—	—
Mytholmroyd Scout Road Methodist Sunday School ..	—	Wed. p.m. (alternate) GP/HV Wed. p.m. (alternate) HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Ripponden Zion Congregational Sunday School ..	Tues. p.m. (1st in month) ACMO/HV/ M	Tues. p.m. (1st & 3rd) ACMO/HV Tues. p.m. (other) HV	—	Tues. a.m.	—	—	—	—	—	—	—	—	—	—	—
Sowerby Bridge Allan House .. (Phone: Halifax 82063)	Mon. p.m. ACMO/ HV(2)/M	Tues. p.m. ACMO/HV(2) Thurs. p.m. HV(2)	Tues. a.m. Fri. p.m. HV Oct.—Apl.	—	Mon. a.m. ACMO/HV	Fri. a./p.m. ST	—	—	—	Tues. a.m. Thurs. a.m. Fri. a.m. MH	As required HMO/HV	—	—	—	—
Todmorden Abraham Ormerod Medical Centre .. (Phone: Todmorden 382)	Wed. a.m. GP/HV Wed. p.m. GP/HV/M(2) Wed. p.m. M *Relax.*	Tues. p.m. HV Wed. p.m. ACMO/HV	Mon. p.m. Thurs. p.m. HV Oct.— Apl.	Daily p.m. except Wed. HV	Wed. p.m. ACMO/HV	Tues. p.m. ST	—	—	Mon. p.m. Thurs. a.m. HV/ON Mon. a.m. Thurs. p.m. ON		As required HMO	Wed. a.m. (bi-monthly) HMO/ON/ HV	—	Daily	E.N.T. As required Mon. a.m. HMO/HV
Todmorden Vale Baptist Sunday School, Cornholme ..	—	Tues. p.m. (2nd and 4th) ACMO/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Todmorden Walsden Wesley Sunday School	—	Thurs. p.m. (alternate) ACMO/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
DIV. 20 (COLNE VALLEY)															
Delph Independent Chapel ..	—	Tues. p.m. ACMO/HV	—	—	—	—	—	—	—	—	—	—	—	—	—

CLINICS—(*continued*)

Premises	Ante-natal	Infant Welfare	U.V. Light	Minor Ailments	School	Speech Therapy	Immunisation	Child Guidance	Remedial Exercises	Mental Health	Ophthalmic	Orthopaedic	Paediatric	Dental	Other
Denby Dale Victoria Memorial Hall (Phone Skelmanthorpe 3157)	Wed. p.m. (1st in mth.) GP/HV/M with Infant Welfare Thurs. p.m. M *Relax.*	Wed. p.m. (1st & 3rd) GP/HV	Tues. p.m. Fri. p.m. HV	—	—	—	—	—	—	—	—	—	—	—	—
Emley Reading Rooms	—	Thurs. p.m. (3rd in month) HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Golcar Woodville, Scar Lane (Phone: Milnsbridge 933)	Mon. p.m. (4th in month) ACMO/HV With Infant Welfare	Mon. p.m. ACMO/HV Toddlers quarterly by arrangement ACMO/HV	Tues. a.m. Fri. a.m. HV	—	—	Wed. a.m. (alternate) ST	—	—	—	—	As required HMO/HV	—	—	—	—
Greenfield Wesleyan Sunday School	—	Thurs. p.m. GP/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Holmfirth Wesley Methodist Chapel	Thurs. p.m. (4th in month) ACMO/HV/M With Infant Welfare Thurs. a.m. M *Relax.*	Thurs. p.m. ACMO/HV	Mon. p.m. Thurs. a.m. HV	—	—	—	—	—	—	—	—	—	—	—	—
Honley Council Offices (Phone: Honley 61549)	—	—	—	—	—	Thurs. p.m. ST	—	—	—	—	—	—	—	Daily	—
Honley High Street Methodist Church	—	—	—	—	—	—	—	—	—	—	As required HMO/HV	—	—	—	—
Honley Southgate Methodist Schools	—	Fri. p.m. GP/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Huddersfield Royal Infirmary	—	—	—	—	—	—	—	—	—	—	—	Fri. p.m. (alternate) HMO/HV	—	—	E.N.T. Mon. a.m. As required HMO/HV
Kirkburton Drill Hall (Phone: Kirkburton 319)	Wed. a.m. M *Relax.*	Tues. p.m. GP/HV	—	—	—	Wed. p.m. ST	—	—	—	Mon.a./p.m. Wed.a./p.m. Thur.a./p.m. Fri. a./p.m. MH	As required HMO/HV	—	—	By appointment	—
Kirkheaton Council Offices	—	Mon. p.m. (1st and 3rd) ACMO/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Lepton Council Offices, Wakefield Road	Thurs. p.m. (3rd in month with IW) GP/HV/M Tues. a.m. M *Relax.*	Thurs. p.m. GP/HV Toddlers quarterly by arrangement ACMO/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Linthwaite British Legion H.Q.	—	—	—	—	—	—	—	—	—	Mon.a./p.m. Tues.a./p.m. MH	—	—	—	—	—

Linthwaite Methodist Church, Stones Lane	—	Tues. p.m. GP/HV Toddlers quarterly by arrangement ACMO/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Marsden Conservative Club ..	—	Thurs. p.m. GP/HV Toddlers quarterly by arrangement ACMO/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Marsden Mechanics' Institute ..	—	—	—	—	—	—	—	—	—	—	As required HMO/HV	—	—	—	—
Meltham Baptist School	Thurs. p.m. (1st in month) ACMO/HV/M Tues. a.m. M *Relax.*	Tues. p.m. GP/HV Toddlers quarterly by arrangement ACMO/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Meltham Oddfellows Hall ..	—	—	—	—	—	—	—	—	—	—	As required HMO/HV	—	—	—	—
Meltham Royd Edge School ..	—	—	—	—	—	Mon. a./m. (alternate) ST	—	—	—	—	—	—	—	—	—
Meltham Town Hall	—	—	—	—	—	Mon. p.m. (alternate) ST	—	—	—	—	—	—	—	—	—
New Mill Council Offices .. .. (Phone: Holmfirth 194)	Wed. p.m. with IW GP/HV/M Thurs. p.m. M *Relax.*	Wed. p.m. GP/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Scholes County School	—	—	—	—	—	Thurs. a.m. ST	—	—	—	—	—	—	—	—	—
Skelmanthorpe Wesley Reform Chapel, Gib Lane	Wed. p.m. (4th in month) GP/HV With Infant Welfare	Wed. p.m. (2nd & 4th) GP/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Slaithwaite Central Hall .. .. (Phone: Slaithwaite 419)	Wed. p.m. (1st in month) ACMO/HV With Infant Welfare Mon. p.m. HV/M *Relax.*	Wed. p.m. ACMO/HV Toddlers quarterly by arrangement ACMO/HV	—	—	—	Wed. a.m. (alternate) ST	—	—	—	—	—	—	—	—	—
Slaithwaite Municipal Offices, Cross Street .. .. .. (Phone: Slaithwaite 404)	—	—	—	—	—	—	—	—	—	—	—	—	—	Daily	—
Springhead Congregational Sunday School, Radcliffe Street ..	Mon. p.m. (2nd in month) ACMO/HV/M	Fri. p.m. GP/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Uppermill Mechanics' Institute .. (Phone: Saddleworth 359)	Mon. p.m. (4th in month) GP/HV/M Tues. p.m. M *Relax.*	Wed. p.m. ACMO/HV	Tues. a.m. Fri. a.m. HV	—	—	Mon. a./p.m. (alternate) ST	—	—	—	—	As required HMO/HV	—	—	—	—
Uppermill The Park .. .. (Phone: Saddleworth 2830)	—	—	—	—	—	—	—	—	—	—	—	—	—	By appointment	—

Premises	Ante-natal	Infant Welfare	U.V. Light	Minor Ailments	School	Speech Therapy	Immunisation	Child Guidance	Remedial Exercises	Mental Health	Ophthalmic	Orthopaedic	Paediatric	Dental	Other
DIV. 22 (WORTLEY)															
Cawthorne The Golf Club	—	Wed. p.m. DMO/HV	—	—	—	—	—	—	—	—	—	See Div. 25 —	—	—	—
Chapeltown Miners' Welfare Institute	—	Wed. p.m. ACMO/HV	—	—	—	—	—	—	—	—	As required HMO/HV	—	—	—	—
Crow Edge Mobile Clinic No. 2 ..	With Infant Welfare	Thurs. a.m. (alternate) HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Dungworth Mobile Clinic No. 2 ..	With Infant Welfare	Fri. a.m. (alternate) HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Ecclesfield Gatty Memorial Hall ..	Thurs. p.m. GP/HV/M Thurs. a.m. HV *Relax.*	Mon. p.m. ACMO/HV(2)	—	Mon. a.m. Thurs. a.m. HV	—	Thurs. a.m. ST	—	—	—	Mon. a.m. MH	—	—	—	—	—
Ecclesfield Jeffcock Memorial Home	—	—	Tues. p.m. Fri. p.m. HV	—	—	—	—	—	—	—	—	—	—	—	—
Ewden Valley Mobile Clinic No. 2 ..	With Infant Welfare	Fri. p.m. (alternate) HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Grenoside Scout Hut, Salt Box Lane	With Infant Welfare Thurs. a.m. HV *Relax.*	Thurs. p.m. GP/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
High Green Methodist Sunday School, Wortley Road	—	Tues. p.m. ACMO/HV(2)	—	—	—	—	—	Thurs. p.m. (as required) Ps/Pl/PSW	—	—	—	—	—	—	—
Hoyland Miners' Welfare Institute	Mon. p.m. GP/HV/M Wed. p.m. M(2) *Relax.*	Tues. p.m. GP/HV(2)	—	Tues. a.m. Fri. a.m. HV	—	—	—	—	—	—	As required HMO/HV	—	—	—	—
Hoyland Common Methodist Sunday School	With Infant Welfare	Thurs. p.m. GP/HV(2)	—	—	—	—	—	—	—	—	—	—	—	—	—
Loxley Congregation School ..	—	Tues. p.m. (alternate) ACMO/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Oughtibridge Church Hall	—	Thurs. p.m. ACMO/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Parson Cross St. Paul's Institute ..	—	Tues. p.m. GP/HV(2)	—	Tues. a.m. HV	—	—	—			Wed.a./p.m. Th. a./p.m. MH					
Penistone Shrewsbury Road .. (Phone: Penistone 3205)	—	Mon. p.m. GP/HV	—	Mon. a.m. HV	—	Fri. a.m. ST	—	—	—	Fri. a./p.m. MH	As required HMO/HV	—	—	Daily	—
Stannington Methodist Sunday School	—	Wed. p.m. ACMO/HV	—	—	—	—	—	—	—	Tues.a./p.m. MH	—	—	—	—	—
Stocksbridge British Hall	—	Tues. p.m. GP/HV(2)	—	—	—	—	—	—	—	Tues. a.m. MH	As required HMO/HV	—	—	—	—
Tankersley Scout Hall	—	Mon. p.m. (alternate) GP/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Thurgoland Mobile Clinic No. 2 ..	With Infant Welfare	Thurs. p.m. (alternate) HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Wharncliffe Side Brightholmlee Methodist Chapel	Tues. p.m. As required HV/M *Relax.*	—	—	—	—	—	—	—	—	—	—	—	—	—	—

Worrall Memorial Hall	—	Tues. p.m. (alternate) ACMO/HV	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Wortley Area Mobile Dental Clinic No.3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	Daily	—
DIV. 23 (HEMSWORTH)																
Aekworth Mission Rooms, Wakefield Road	Tues. p.m. (alternate) GP/HV/M Tues. p.m. (alternate) M *Relax.*	Tues. p.m. (alternate) GP/HV Wed. p.m. (alternate) GP/HV(2)	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Fitzwilliam Church Hall	Thurs. p.m. GP/M(2)	Tues. p.m. ACMO/HV(2)	—	Tues. a.m. HV	—	—	—	—	—	—	—	—	—	—	—	—
Great Houghton Methodist Church ..	—	Tues. p.m. (alternate) GP/HV	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Grimethorpe Church Hall	—	Wed. p.m. GP/HV(2)	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hemsworth New Clinic, Highfields Rd. (Phone: Hemsworth 264)	Wed. a.m. ACMO/HV/ M(2)	Wed. p.m. ACMO/HV(2)	Tues. a.m. Fri. p.m. HV	—	Tues. a.m. ACMO/HV	—	—	—	Fri. a.m. ON	—	Tues. p.m. HMO/HV Thur.a./p.m. (4th in mth.) HMO/HV	Tues. p.m. (3rd in mth.) HMO/HV	—	Daily	—	
Moorthorpe Miners' Institute	—	—	—	Fri. a.m. HV(2)	—	—	—	—	—	—	—	—	—	—	—	
Ryhill Church Hall	Tues. p.m. GP/HV/M(2)	Thurs. p.m. ACMO/HV(2)	—	—	—	—	—	—	—	—	—	—	—	—	—	
Shafton Methodist Chapel ..	—	Thurs. p.m. (alternate) GP/HV(2)	—	—	—	—	—	—	—	—	—	—	—	—	—	
South Elmsall P.I.C.S. Buildings, Barnsley Road	Thurs. a./p.m. ACMO/HV/ M Tues. p.m. M *Relax.*	Mon. a./p.m. ACMO/HV(2)	—	—	—	—	—	—	—	—	—	—	—	—	—	
South Hiendley Methodist Chapel ..	—	Wed. p.m. (alternate) ACMO/HV (2)	—	—	—	—	—	—	—	—	—	—	—	—	—	
South Kirkby P.I.C.S. Buildings, The Green	Tues. p.m. ACMO/HV/ M Thurs. p.m. M *Relax.*	Mon. p.m. ACMO/HV(2)	—	—	—	—	—	—	—	—	—	—	—	—	—	
Upton Welfare Hall	—	Tues. p.m. ACMO/HV(2)	—	Mon. p.m. HV	—	—	—	—	—	—	—	—	—	—	—	
DIV. 25 (BARNSLEY)																
Barnsley Divisional Office, 6 Victoria Road .. (Phone: Barnsley 2247)	—	—	—	—	—	Mon. p.m. Tues. a./p.m. Wed. a./p.m. ST	—	—	—	—	Mon. a.m. (except 1st) Thurs. a.m. (except 3rd) HMO/HV	Fri. a.m. (last in month) HMO/HV Includes Div. 22	Mon. a.m. (1st in mth.) Thurs. a.m. (3rd in mth.) HMO/HV	—	—	
Barnsley Beckett Hospital	—	—	—	—	—	—	—	—	—	—	—	—	—	—	E.N.T. Tues. a.m. (2nd in mth.) HMO/HV (2) See also Div. 30	

CLINICS—(*continued*)

Premises	Ante-natal	Infant Welfare	U.V. Light	Minor Ailments	School	Speech Therapy	Immunisation	Child Guidance	Remedial Exercises	Mental Health	Ophthalmic	Orthopaedic	Paediatric	Dental	Other
Cudworth St. George's Hall ..	Fri. a.m. GP/HV/M Thurs. a.m. M(2) *Relax.*	Wed. a./p.m. GP/HV(2)	Tues. p.m. HV(2) Oct.—May	—	Tues. a.m. (alternate) ACMO/HV	—	—	—	—	—	—	—	—	—	—
Darfield Methodist Church, Barnsley Road	Fri. a.m. GP/HV/M Wed. a.m. M(2) *Relax.*	Wed. p.m. GP/HV	—	—	Wed. a.m. (alternate) ACMO/HV	—	—	—	—	—	—	—	—	—	—
Darton Station Road .. .. (Phone: Darton 437)	Wed. p.m. With I.W. GP/HV/M Tues. p.m. M *Relax.*	Wed. p.m. GP/HV	—	Wed. a.m. (1st in mth.) HV	Mon. p.m. (alternate) ACMO/HV	—	—	—	—	Fri. a./p.m. MH	—	—	—	—	—
Dodworth Mechanics' Institute ..	Tues. a.m. M *Relax.*	Tues. p.m. GP/HV	—	Tues. a.m. (alternate) HV	Tues. a.m. (alternate) ACMO/HV	—	—	—	—	—	—	—	—	—	—
Gawber Methodist Chapel, Intake Lane	Wed. p.m. DMO/HV/M with Infant Welfare	Wed. p.m. (alt.) DMO/HV Wed. p.m. (alternate) HV	—	Wed a.m. HV	Wed. a.m. (3rd in mth.) ACMO/HV	—	—	—	—	—	—	—	—	—	—
Royston Wesleyan Sunday School, High Street	Tues. p.m. GP/HV/M	Wed. a./p.m. GP (1 session) /HV	—	Mon. a.m. HV	Fri. a.m. (alternate) ACMO/HV	—	—	—	—	—	—	—	—	—	—
Royston Working Men's Club ..	—	—	—	—	—	—	—	—	—	Mon.a./p.m. MH	—	—	—	—	—
Staincross Wesleyan Sunday School, Barnsley Road	Thurs. p.m. With Infant Welfare DMO/HV/M	Thurs. p.m. DMO/HV	—	Thurs. a.m. (except 2nd) HV	Thurs. a.m. (2nd in mth.) ACMO/HV	—	—	—	—	—	—	—	—	—	—
Wombwell Public Library, Station Road	Thurs. p.m. GP/HV(2)/ M(2) Mon. p.m. Fri. p.m. M(3) *Relax.*	Tues. p.m. Wed. p.m. GP/HV(3)	Tues. a.m. Fri. a.m. HV	Fri. p.m. HV Tues. a.m. (alternate) HV	Mon. p.m. (alternate) ACMO/HV	—	—	—	—	—	—	—	—	—	—
Wombwell Welfare Hall, Jump ..	—	Mon. p.m. GP/HV(2)	—	—	—	—	—	—	—	—	—	—	—	—	—
Wombwell The Gables .. .. (Phone: Wombwell 3348)	—	—	—	—	—	—	—	—	—	Occupation Centre Daily MH	—	—	—	Daily	—
Worsbrough Methodist Church, Birdwell	Fri. p.m. (alternate) GP/HV/M Fri. p.m. M *Relax.*	Wed. p.m. GP/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Worsbrough Methodist Chapel, Blacker Hill	—	Thurs. p.m. GP/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Worsbrough Ambulance Hall, Worsbrough Bridge ..	Tues. p.m. (alternate) GP/HV/M Thurs. p.m. M *Relax.*	Mon. p.m. GP/HV	—	Mon. a.m. (alternate) HV	Mon. a.m. (alternate) ACMO/HV	—	—	—	—	Th. a./p.m. MH	—	—	—	—	—
Worsbrough Bank End Community Centre, Worsbrough Dale	Tues. p.m. (alternate) GP/HV/M Wed. p.m. M *Relax.*	Thurs. p.m. GP/HV	Mon. p.m. Fri. p.m. HV	Thurs. a.m. HV	—	—	—	—	—	—	—	—	—	—	—

DIV. 26 (WATH)						See Div. 30									E.N.T. See Div. 30
Kilnhurst Church Hall	—	Wed. p.m. GP/HV(2)	—	—	Thurs. a.m. (2nd in mth.) ACMO/HV	—	—	—	—	—	—	—	—	—	—
Parkgate Methodist Church, Broad Street	—	Thurs. p.m. ACMO/HV(2)	—	—	Tues. p.m. (monthly) ACMO/HV	—	—	—	—	—	—	—	—	—	—
Rawmarsh Barbers Avenue .. .. (Phone: Rawmarsh 133)	Thurs. a.m. GP/HV(2)/M Thurs. p.m. M *Relax*	Tues. p.m. GP/HV(3)	Tues. a.m. Fri. a.m. HV	—	Wed. a.m. ACMO/HV	—	—	Mon.a./p.m. Ps/Pl/PSW	—	Wed. p.m. Fri. a./p.m. MH	Wed. a./p.m. (alternate) HMO/HV	Wed. p.m. (monthly) HMO/HV Includes Div. 31	Thurs. a.m. (1st in mth.) HMO/ ACMO/HV *Dev.* Wed. a.m. (monthly) HMO/HV Includes neighbour'g divisions	By appoint- ment	—
Swinton Rock House .. .. (Phone: Mexborough 2057)	Thurs. a./p.m. GP/HV/M(2) Fri. p.m M(2) *Relax.*	Mon. p.m. GP/HV(2)	—	—	Mon. a.m. (alternate) ACMO/HV	—	—	—	—	Mon. a.m. Tues. a./p.m. MH	—	—	—	—	—
Wath upon Dearne Dunford House .. .. (Phone: Wath upon Dearne 2251)	Fri. a.m. GP/HV(2)/ M(2) Tues. p.m. Fri. p.m. M(2) *Relax.*	Mon. p.m. GP/HV(2)	Mon. a.m. Thurs. a.m. HV	—	Mon. a.m. (alternate) ACMO/HV	—	—	—	—	Wed. a.m. Thurs. a.m. Fri. a.m. MH	Wed. a./p.m. (alternate) HMO/HV	—	—	Daily	—
West Melton Wesleyan Chapel, Princess Street	—	Tues. p.m. GP/HV(2)	—	—	Tues. a.m. (alternate) DMO/HV	—	—	—	—	—	—	—	—	—	—
DIV. 27 (ADWICK le STREET)												See Div. 28			
Bentley The Pavilion, Askern Road .. .. .. (Phone: Doncaster 54430)	Fri. a./p.m. GP/HV(2)/ M(4) Tues. a.m. M(2) *Relax.*	Wed. a./p.m. HV(3)/M(2) and DMO a.m. and ACMO p.m.	Mon. p.m. Wed. a.m. Sat a.m. HV	Tues. a.m. HV	—	Tues.a./p.m. ST	Wed. a.m. (monthly) DMO/ HV(2)	—	—	Tues.a./p.m. MH	—	—	Mon. a.m. (monthly) HMO/HV	—	—
Bentley Bentley Road Chapel ..	—	—	—	Thurs. a.m. HV	—	—	—	—	—	—	—	—	—	—	—
Bentley Council Offices	—	—	—	—	—	—	Fri. a.m. DMO	—	—	—	—	—	—	—	—
Carcroft Presbyterian Chapel, Owston Road	Mon. p.m. (alternate) ACMO/HV (2)/M(2)	Thurs. a./p.m. HV(2)/M ACMO one session only	—	Fri. a.m. HV	—	Thurs. a.m. (alternate) ST	Thurs. a.m. (monthly) DMO/ HV(2)	—	—	—	—	—	—	—	—
Doncaster Royal Infirmary ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	E.N.T. Wed. a.m. (4th in mth.) HMO/HV
Doncaster Wood Street	—	—	—	—	—	—	—	—	—	—	Thurs. a./ p.m. (alternate) HMO/HV	—	—	—	—
Doncaster 50 Thorne Road .. .. (Phone: Doncaster 66228)	—	—	—	—	—	—	—	—	—	—	—	—	—	Daily	—
Woodlands Woodside Chapel ..	Tues. a./p.m. GP/HV(2)/ M(2)	Thurs. a./p.m. HV(2) and DMO one session only	—	Thurs. a.m. HV	—	Thurs. p.m. (alternate) ST	Thurs. a.m. (monthly) DMO/ HV(2)	—	—	Mon.a./p.m. Wed. a./p.m. Fri. a./p.m. MH	—	—	—	—	—

CLINICS—(*continued*)

Premises	Ante-natal	Infant Welfare	U.V. Light	Minor Ailments	School	Speech Therapy	Immunisation	Child Guidance	Remedial Exercises	Mental Health	Ophthalmic	Orthopaedic	Paediatric	Dental	Other
DIV. 28 (DONCASTER)															
Armthorpe Miners' Welfare Institute	Tues. a.m. Tues. p.m. (2nd & 4th) ACMO/HV (2)/M	Thurs. p.m. GP/HV(2)	—	Wed. a.m. HV	—	—	Mon. a.m. (monthly) ACMO/HV	—	—	—	—	—	—	—	—
Armthorpe Church Hall	—	—	—	—	—	—	—	—	—	Thurs. a.m. Fri. a.m. MH	—	—	—	—	—
Askern Baptist Chapel, Sutton Road	Thurs. p.m. Thurs. a.m. (2nd & 4th) GP/HV(2)/M	Mon. p.m. ACMO/HV(2)	—	Mon. a.m. HV Thurs. a.m. (1st, 3rd & 5th) HV	—	—	Mon. a.m. ACMO/HV	—	—	—	—	—	—	—	—
Auckley Mobile Clinic No. 2 ..	—	Thurs. a.m. (alternate) HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Barnburgh Mobile Clinic No. 2 ..	—	Wed. a.m. (alternate) HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Bawtry 5 South Avenue	Mon. a.m. ACMO/M	Mon. a.m. ACMO/HV	—	—	—	—	Mon. a.m. ACMO/HV	—	—	—	—	—	—	—	—
Blaxton Mobile Clinic No. 2 ..	—	Thurs. p.m. (alternate) HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Braithwell Mobile Clinic No. 2 ..	—	Fri. p.m. (alternate) HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Branton Mobile Clinic No. 2 ..	—	Thurs. a.m. (alternate) HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Brodsworth St. Leonard's and St. Jude's Church, Barnsley Road, Scawsby	—	Tues. p.m. (alternate) HV weighing only	—	—	—	—	—	—	—	—	—	—	—	—	—
Campsall Mobile Clinic No. 2 ..	—	Tues. p.m. (alternate) HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Doncaster Nether Hall Road Methodist Church	—	—	—	—	—	Fri. a./p.m. ST	—	—	Mon. a.m. ON	—	—	—	—	—	—
Doncaster Chest Clinic, Merton House, 20 Christ Church Road	—	—	—	—	—	—	—	—	—	—	—	Thurs. p.m. (4th in mth.) HMO/ON for Divs. 27, 28, 29 & 30	—	—	—
Doncaster Divisional Health Office, Station Road .. .. (Phone: Doncaster 61571)	—	—	—	—	—	Wed. a.m. ST	—	—	—	—	—	—	—	—	—
Doncaster Royal Infirmary	—	—	—	—	—	—	—	—	—	—	—	—	—	—	E.N.T. Wed. a.m. (3rd in mth.) HMO/HV
Doncaster 50 Thorne Road .. .. (Phone: Doncaster 66228)	—	—	—	—	—	—	—	—	—	—	—	—	—	Daily	—

Doncaster Wood Street	—	—	—	—	—	—	—	—	—	—	Thurs. a./p.m. (alternate) HMO/HV	—	—	—	—
Edlington Methodist Church Hall ..	—	—	—	—	—	—	—	—	—	Tues. a./p.m. Wed. a./p.m. MH	—	—	—	—	—
Edlington St. John's Church Hall ..	Thurs. a./p.m. (1st, 3rd & 4th) ACMO/HV (2)/M	Mon. p.m. ACMO/HV(2)	—	Mon. a.m. Fri. a.m. HV	—	—	Fri. a.m. (monthly) ACMO/HV	—	—	—	—	—	—	—	—
Finningley Mobile Clinic No. 2 ..	—	Thurs. p.m. (alternate) HV	—	—	—	—	—	—	—	—	—	—	—	—	—
High Melton Mobile Clinic No. 2 ..	—	Wed. a.m. (alternate) HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Kirk Sandall Denton Green's Lane .. (Phone: Barnby Dun 252)	Tues. p.m. (1st & 3rd) ACMO/ HV(2)/M	Thurs. p.m. GP/HV/M	—	Tues. a.m. HV	—	—	Mon. a.m. (monthly) ACMO/HV	—	—	—	—	—	—	—	—
Marr Mobile Clinic No. 2 ..	—	Wed. a.m. (alternate) HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Norton Mobile Clinic No. 2 ..	—	Tues. p.m. (alternate) HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Rossington St. Luke's Church Hall ..	—	Tues. p.m. GP/HV(2)	—	Tues. a.m. HV	—	—	Fri. p.m. (monthly) ACMO/HV	—	—	—	—	—	—	—	—
Rossington Dental Clinic West End Lane .. .. (Phone: Rossington 396)	Wed. a.m. ACMO/ HV(2)/M	—	—	—	—	—	—	—	—	—	—	—	—	By appoint-ment	—
Sprotborough Richmond Hill School Grounds .. .. .. (Phone: Doncaster 65037)	Fri. a./p.m. (alternate) ACMO/HV/ M	Wed. a.m. DMO/HV	Mon. p.m. Thurs. p.m. HV Oct.—May	Thurs. a.m. HV	—	Wed. p.m. ST	Wed. a.m. DMO/HV	—	—	—	—	—	Mon. a.m. (3rd in mth.) HMO/HV	—	—
Tickhill Mobile Clinic No. 2 ..	—	Fri. a.m. (alternate) HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Wadworth Mobile Clinic No. 2 ..	—	Fri. p.m. (alternate) HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Warmsworth Mobile Clinic No. 2 ..	—	Wed. p.m. (alternate) HV	—	—	—	—	—	—	—	—	—	—	—	—	—
DIV. 29 (THORNE)												See Div. 28			
Doncaster Wood Street	—	—	—	—	—	—	—	—	—	—	Fri. a.m. (except last in month HMO/HV	—	—	—	—
Doncaster Royal Infirmary ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	E.N.T. Wed. a.m. (2nd in mth.) HMO/HV
Dunscroft St. Edwin's Hall	Wed. p.m. GP/M(2)	Tues. p.m. ACMO/HV(2)	—	—	—	—	—	—	—	—	—	—	—	—	—
Hatfield Victoria Hall	With Infant Welfare	Mon. p.m. GP/HV(2)	—	—	—	—	—	—	—	—	—	—	—	—	—
Moorends Wesleyan Chapel, Northgate	With Infant Welfare Thurs. p.m. M *Relax.*	Tues. p.m. GP/HV(2)	—	—	—	—	—	—	—	—	—	—	—	—	—

Premises	Ante-natal	Infant Welfare	U.V. Light	Minor Ailments	School	Speech Therapy	Immunisation	Child Guidance	Remedial Exercises	Mental Health	Ophthalmic	Orthopaedic	Paediatric	Dental	Other
Stainforth Wesleyan Chapel	Fri. a.m. GP/M(2) Thurs. a.m. M *Relax.*	Wed. p.m. ACMO/HV(2)	—	Mon. a.m. Wed. a.m. HV	—	—	—	—	—	—	—	—	—	—	—
Thorne Temperance Institute	Fri. p.m. GP/M(2)	Wed. p.m. GP/HV(2)	Mon. p.m. Thurs. a.m. HV	Tues. a.m. HV	—	—	—	—	—	—	—	—	—	—	—
Thorne South Parade Schoolroom	—	—	—	—	—	—	—	—	—	Tues. to Fri. a./p.m. MH	—	—	—	—	—
Thorne Divisional Office, Council Offices (Phone: Thorne 3130)	—	—	—	—	—	—	—	—	—	—	—	—	Thurs. a.m. (2nd in mth.) HMO/HV	—	—
Thorne South End School	—	—	—	—	—	Mon.a./p.m. Th. a./p.m. (alternate) ST	—	—	—	—	—	—	—	—	—
DIV. 30 (MEXBOROUGH)								See Div. 26				See Div. 28			
Bolton on Dearne Secondary Modern School	—	—	—	—	—	—	—	—	—	—	As required HMO/HV	—	—	—	—
Conisbrough Miners' Welfare Institute, Garden Lane (Phone: Conisbrough 2150)	Tues. p.m. Obst/HV/ M(3)	Mon. p.m. ACMO/HV(2)	—	Mon. a.m. except on SC days, HV Thurs. p.m. (1st & 3rd) ACMO/HV	Twice monthly on MA days, ACMO/HV	—	—	—	—	—	—	—	—	—	—
Denaby Main Church Road (Phone: Conisbrough 3121)	Wed. a.m. Obst/HV/ M(3) Wed. p.m. M *Relax.*	Tues. p.m. ACMO/HV(2)	Mon. a.m. ACMO/HV (2) Thurs. p.m. HV(2)	Tues. a.m. Thurs. a.m. except on SC days, HV	Twice per month on MA days ACMO/HV	—	—	—	—	Tues. a.m. Fri. p.m. MH	Thurs. a.m. (4th in mth.) HMO/HV	—	—	As required	—
Goldthorpe Welfare Hall, Washington Road (Phone: Goldthorpe 3282)	Thurs. p.m. Obst/HV/ M(3)	Mon. p.m. ACMO/HV(2) /M	—	Mon. a.m. HV	—	—	—	—	—	Mon. a.m. MH	—	—	—	—	—
Mexborough Adwick Road (Phone: Mexborough 3347)	Wed. p.m. Obst./HV/ M(3) Mon. p.m. M *Relax.*	Tues. p.m. DMO/HV(3) Thurs. p.m. GP/HV(3)	Tues. a.m. ACMO/HV (2) Fri. a.m. HV(2)	Tues. a.m. Thurs. a.m. except on SC days, HV	Twice per month on MA days, ACMO/HV	Mon.a./p.m. Fri. a./p.m. ST Includes Div. 26	—	—	—	Wed. a.m. Thurs. a.m. MH	Mon.a./p.m. HMO/HV	—	Thurs. (4th in mth.) HMO/ ACMO(2) /HV	—	—
Mexborough Montagu Hospital	—	—	—	—	—	—	—	—	—	—	—	—	—	—	E.N.T. Wed. p.m. HMO/HV Includes Divs. 25 & 26
Thurnscoe Central Hall (Phone: Goldthorpe 3128)	Fri. p.m. Obst/HV/ M(3)	Mon. p.m. GP/HV(2)/M	—	Mon. a.m. Fri. a.m. except SC days, HV	Monthly on MA days, ACMO/HV	—	Tues. p.m. GP/HV(2)	—	—	Fri. a.m. MH	—	—	—	—	—
DIV. 31 (ROTHERHAM)												See Div. 26			
Aughton 9 Main Street (Phone: Aston Common 326)	—	—	—	—	—	—	—	—	—	—	—	—	—	As required	—
Bramley Miners' Welfare Institute Cross Street	Tues. p.m. (alternate) GP/HV/M	Wed. p.m. GP/HV	—	Wed. a.m. HV	Tues. a.m. (2nd in mth.) ACMO/HV	—	—	—	—	—	—	—	—	—	—

Brampton Bierlow Methodist Chapel, Chapel Avenue	Wed. p.m. (alternate) GP/HV/M	Thurs. p.m. GP/HV	—	Thurs. a.m. HV	Thurs. a.m. (quarterly) ACMO/HV	—	—	—	—	—	—	—	—	—	—
Brinsworth Mobile Clinic No. 2 ..	—	Tues. p.m. (alternate) HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Catcliffe 3 Rotherham Road .. (Phone: Rotherham 3381)	Thurs. p.m. (1st in mth.) ACMO/HV/M	—	—	Tues. a.m. HV	Thurs. a.m. (3rd in mth.) ACMO/HV	—	—	—	—	Mon. a./p.m. MH	—	—	—	—	—
Catcliffe Church Mission Hall ..	—	Wed. p.m. (alternate) GP/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Dalton Doncaster Road .. .. (Phone: Thrybergh 327)	Wed. p.m. ACMO/HV/M Thurs. p.m. (alternate) ACMO/HV/M	Tues. p.m. GP/HV	—	Tues. a.m. HV Fri. a.m. HV	Thurs. a.m. (2nd in mth.) ACMO/HV	—	Fri. a.m. (1st in mth.) ACMO/HV	—	—	Fri. a./p.m. MH	—	—	—	—	—
Dinnington Methodist Chapel, Laughton Road	Thurs. p.m. GP/HV/M	Tues. p.m. GP/HV	—	Tues. a.m. HV	Thurs. a.m. (4th in mth.) ACMO/HV	—	—	—	—	Wed. a.m. MH	Thurs. p.m. (3 weeks out of 4) HMO/HV	—	—	—	—
Firbeck Mobile Clinic No. 2 ..	—	Mon. a.m. (alternate) HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Harley Mobile Clinic No. 2 ..	—	Wed. p.m. (alternate) HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Harthill Mobile Clinic No. 2 ..	—	Mon. p.m. (alternate) HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Kiveton Park Methodist Chapel, Wales Road	—	Mon. p.m. GP/HV	—	—	Fri. p.m. (Quarterly) ACMO/HV	—	—	—	—	—	—	—	—	—	—
Maltby Braithwell Road .. .. (Phone: Maltby 166)	—	—	—	—	—	—	—	—	—	—	—	—	—	As required	—
Maltby Walters Road .. .. (Phone: Maltby 128)	Wed. a./p.m. ACMO/HV/M	Mon. p.m. ACMO/HV	Tues. a.m. Fri. p.m. HV Oct.—Apl.	Tues. a.m. Fri. a.m. HV	Tues. a.m. (4th in mth.) ACMO/HV	Thu.a./p.m. ST	Mon. a.m. (3rd in mth.) ACMO/HV	—	—	Tues.a./p.m. Thurs. a./p.m. MH	Thurs. p.m. HMO/HV	—	Mon. a.m. (2nd in mth.) HMO/HV	—	—
Ravenfield Common Mobile Clinic No. 2 ..	—	Wed. a.m. (alternate) HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Ravenfield Old Village Mobile Clinic No. 2 ..	—	Wed. a.m. (alternate) HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Rotherham Hospital and Dispensary	—	—	—	—	—	—	—	—	—	—	Fri. a.m. HMO/HV	—	—	—	E.N.T. Wed. a./p.m. (1st in mth.) HMO/HV
South Anston Mobile Clinic No. 2 ..	—	Mon. p.m. (alternate) HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Swallownest Church Hall, Beighton Lane	Tues. p.m. (alternate) GP/HV/M	Thurs. a.m. HV Thurs. p.m. GP/HV	—	Tues. a./p.m. except SC, HV	Wed. a.m. (2nd in mth.) ACMO/HV	—	—	—	—	—	—	—	—	—	—

CLINICS—*(continued)*

Premises	Ante-natal	Infant Welfare	U.V. Light	Minor Ailments	School	Speech Therapy	Immunisation	Child Guidance	Remedial Exercises	Mental Health	Ophthalmic	Orthopaedic	Paediatric	Dental	Other
Thurcroft Wesleyan Chapel, Woodhouse Green ..	Wed. p.m. (1st & 3rd) GP/HV/M	Mon. p.m. GP/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Thurcroft Modern School	—	—	—	Mon. a.m. Thurs. a.m. HV	Tues. a.m. (1st in mth.) ACMO/HV	—	—	—	—	—	—	—	—	—	—
Thrybergh Poplar Avenue .. .. (Phone: Thrybergh 409)	—	—	—	—	—	—	—	—	—	—	—	—	—	As required	—
Treeton Mobile Clinic No. 2 ..	—	Tues. a.m. (alternate) HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Wentworth Mobile Clinic No. 2 ..	—	Wed. p.m. (alternate) HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Whiston Church Institute, School Hill	—	Thurs. p.m. (alternate) GP/HV	—	—	—	—	—	—	—	—	—	—	—	—	—
Woodsetts Mobile Clinic No. 2 ..	—	Mon. a.m. (alternate) HV	—	—	—	—	—	—	—	—	—	—	—	—	—

In addition to the above there are 101 minor ailment clinics held by school nurses in the schools, chiefly at weekly intervals, and minor ailment cases are also treated at 97 centres during Infant Welfare Sessions.

NOTE:—The following abbreviations are used.

DMO.	Divisional Medical Officer.
ACMO.	Assistant County Medical Officer (Senior or other)
Obst.	Joint Obstetrician (W.R.C.C. and Sheffield R.H.B.).
GP.	General Practitioner.
HMO.	Hospital Medical Officer (Consultant or Other).
Ps.	Psychiatrist.
Pl.	Psychologist.
PSW.	Psychiatric Social Worker.
HV.	Health Visitor and/or School Nurse.
M.	Midwife.
ON.	Orthopaedic Nurse or Physiotherapist.
ST.	Speech Therapist.
MH.	Mental Health Staff.
Ch.	Chiropodist.
Relax.	Relaxation Exercise Clinic.
Dev.	Developmental.

STAFF

(31st December, 1957)

J. Wood-Wilson, T.D., M.D., CH.B., D.P.H.

(County Medical Officer and Principal School Medical Officer)

HEADQUARTERS

MEDICAL, DENTAL AND PROFESSIONAL

J. Leiper, M.B.E., M.B., CH.B., M.R.C.S., L.R.C.P., D.P.H.	Deputy County Medical Officer
J. M. Anderson, M.R.C.S., L.R.C.P.	Senior Medical Officer
†A. Marshall, M.B., CH.B.	Senior Medical Officer
J. A. Burgess, M.D., CH.B., D.P.H.	Venereologist (Part-time)
C. C. Harvey, B.SC., M.D., B.S., F.R.C.S., M.R.C.P.	Paediatrician (Part-time)
†S. M. Leese, B.SC., M.B., B.S., M.R.C.S., L.R.C.P., D.P.M.	Psychiatrist in Child Guidance (Part-time)
J. H. Kahn, M.D., CH.B., D.P.M.	Psychiatrist in Child Guidance (Part-time)
J. D. Orme, M.R.C.S., L.R.C.P., D.P.M.	Psychiatrist in Child Guidance (Part-time)
B. R. Townend, O.B.E., F.D.S., R.C.S. (ENG.), DIP. ORTH., R.C.S. (ENG.), L.D.S.	Chief Dental Officer, Principal School Dental Officer and Orthodontic Consultant
D. G. Pickles, M.A.	Child Guidance Psychologist

NURSING

†D. Walker, S.R.N., S.C.M., H.V.CERT.	Superintendent Nursing Officer
†M. G. Edwards, S.R.N., S.C.M. (PART I), H.V.CERT., H.V. TUTOR'S CERT.	Health Visitor Tutor
†N. M. Everitt, S.R.N., S.C.M., M.T.D.	Supervisor of Midwives
†G. Jones, S.R.N., S.C.M., H.V.CERT, Q.I.D.N.S.	Supervisor of Home Nurses
†W. Taylor, S.R.N., S.C.M., H.V.CERT., Q.I.D.N.S.	do.
Vacancy	Chief Speech Therapist

TECHNICAL

L. Butterworth (1), (2), (4), (5), (10)	Chief County Public Health Inspector
R. D. Irving (1), (2), (6), (8), (9)	County Public Health Inspector
F. C. Brookes (1), (2)	do.

ADMINISTRATIVE AND CLERICAL

J. Colman (1), (3), (7)	Chief Clerk
G. Richardson (6)	Sectional Clerk
J. H. Milne (6)	do.
T. Myton (6)	do.
R. S. Marshall	do.
H. Beatson	do.
T. R. Schofield (6)	do.
W. J. Battye	Senior Clerk
E. Brown	do.

(1) Sanitary Inspectors' Cert. Royal Sanitary Inst.
(2) Cert. as Inspector of Meat and Other Foods, Royal Sanitary Inst.
(3) Exam. in Sanitary Science as applied to Buildings and Public Works, Royal San. Inst.
(4) Final Cert. Builders' Quantities, London City and Guilds.
(5) Final Cert. (Distinction) Builders' Quantities, Lancashire and Cheshire Inst.
(6) Diploma in Public Administration.
(7) Associate Chartered Institute of Secretaries.
(8) Sanitary Science Cert. (Liverpool University).
(9) Cert. in Advanced Knowledge of Sanitary Inspectors' duties, Royal Sanitary Inst.
(10) Building Trades Course Certificate, Lancashire and Cheshire Inst.

DIVISIONAL MEDICAL OFFICERS

M. Hunter, M.B.E., M.D., CH.B., D.P.H.	Division No. 1 (Skipton)
V. P. McDonagh, M.B., CH.B., D.P.H.	,, No. 3 (Keighley)
J. Battersby, M.B., CH.B., D.P.H.	,, No. 4 (Shipley)
A. Telford Burn, M.B., B.S., D.P.H.	,, No. 5 (Horsforth)
N. V. Hepple, M.D., B.S., B.HY., D.P.H.	,, No. 7 (Ripon)
D. D. Payne, M.D., B.S., M.R.C.S., L.R.C.P., D.P.H.	,, No. 8 (Harrogate)
R. G. Smithson, M.D., CH.B., D.P.H.	,, No. 9 (Wetherby)
S. K. Appleton, M.D., CH.B., D.P.H., D.T.M.	,, No. 10 (Goole)
J. M. Paterson, M.B., CH.B., D.P.H.	,, No. 11 (Castleford)
J. F. Fraser, M.B., B.S., D.P.H., D.OBST.R.C.O.G.	,, No. 12 (Pontefract)
J. Lyons, M.B., CH.B., M.R.C.S., L.R.C.P., D.P.H.	,, No. 13 (Morley)
J. F. Caithness, M.B., CH.B., D.P.H.	,, No. 15 (Batley)
A. L. Taylor, M.D., CH.B., D.P.H., L.D.S.	,, No. 16 (Rothwell)
W. M. Douglas, M.B., CH.B., D.P.H.	,, No. 17 (Spenborough)
F. Appleton, M.B., CH.B., D.P.H.	,, No. 18 (Brighouse)
N. E. Gordon, M.B., CH.B., D.P.H.	,, No. 19 (Todmorden)
E. Ward, M.R.C.S., L.R.C.P., D.P.H.	,, No. 20 (Colne Valley)
J. Main Russell, M.B., CH.B., B.HY., D.P.H.	,, No. 22 (Wortley)

† Woman

Divisional Medical Officers—continued

J. S. Walters, M.C., M.B., CH.B., D.P.H.	Division No. 23 (Hemsworth)
R. Barnes, B.A., M.R.C.S., L.R.C.P., D.P.H.	,, No. 25 (Barnsley)
D. J. Cusiter, M.B., CH.B., D.P.H., D.T.M. & H.	,, No. 26 (Wath upon Dearne)
J. Ferguson, M.B., CH.B., D.P.H.	,, No. 27 (Adwick le Street)
A. Penman, M.D., CH.B., D.P.H.	,, No. 28 (Doncaster)
G. Higgins, B.SC., M.B., CH.B., D.P.H.	,, No. 29 (Thorne)
J. A. W. Reid, M.B., CH.B., D.P.H.	,, No. 30 (Mexborough)
J. M. Watt, M.D., CH.B., D.P.H., D.C.H., D.OBST.R.C.O.G.	,, No. 31 (Rotherham)

ASSISTANT COUNTY MEDICAL OFFICERS AND SCHOOL MEDICAL OFFICERS

†*H. M. Dean, M.B., CH.B., D.P.H.	Division No. 1 (Skipton)
J. A. Farrer, M.B., B.S.	,, No. 1 (Skipton)
†R. R. Stoakley, M.B., B.CH., B.A.O.	,, No. 1 (Skipton)
†*B. M. Leakey, M.B., B.S.	,, No. 3 (Keighley)
†D. E. Gledhill, M.B., CH.B.	,, No. 3 (Keighley)
†*G. Buckle, M.B., B.S.	,, No. 4 (Shipley)
†D. C. Wall, B.A., M.R.C.S., L.R.C.P.	,, No. 4 (Shipley)
†*H. M. Mitchell, M.B., CH.B.	,, No. 5 (Horsforth)
†K. A. S. Brosnan, M.B., B.CH., D.OBST. R.C.O.G.	,, No. 5 (Horsforth)
†M. A. Hillis, M.B., CH.B.	,, No. 5 (Horsforth)
P. A. G. M. Ashmore, M.R.C.S., L.R.C.P.	,, No. 7 (Ripon)
*J. A. G. Graham, M.B., CH.B., D.P.H.	,, No. 8 (Harrogate)
†G. M. Pullan, B.SC., M.B., CH.B., D.OBST.R.C.O.G.	,, No. 8 (Harrogate)
W. Turner, M.B., CH.B., D.P.H.	,, No. 8 (Harrogate)
†M. K. Sharp, M.R.C.S., L.R.C.P.	,, No. 9 (Wetherby)
†E. M. R. Bell-Syer, M.B., B.S.	,, No. 10 (Goole)
†M. J. Lowe, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H., D.C.H.	,, No. 10 (Goole)
†*M. C. Leen, M.B., B.CH., B.A.O., D.P.H.	,, No. 11 (Castleford)
†*G. M. Mayhall, M.R.C.S., L.R.C.P.	,, No. 12 (Pontefract)
†J. C. White, M.B., B.S., M.R.C.S., L.R.C.P., D.C.H.	,, No. 12 (Pontefract)
†*B. Briggs, M.B., CH.B., D.P.H.	,, No. 13 (Morley)
G. Firth, M.B., CH.B.	,, No. 13 (Morley)
†I. Hargreaves, M.B., CH.B.	,, No. 13 (Morley)
G. Castle, M.R.C.S., L.R.C.P.	,, No. 15 (Batley)
†F. M. Cox, M.R.C.S., L.R.C.P.	,, No. 15 (Batley)
†*R. M. Bowker, B.A., M.B., CH.B., D.P.H.	,, No. 16 (Rothwell)
†D. M. Summers, M.B., CH.B.	,, No. 16 (Rothwell)
D. J. Roberts, M.A., M.B., B.CHIR., M.R.C.S., L.R.C.P.	,, No. 17 (Spenborough)
†*E. Atkinson, M.B., CH.B., D.OBST.R.C.O.G.	,, No. 18 (Brighouse)
D. H. S. Griffith, L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H., D.I.H.	,, No. 18 (Brighouse)
†*G. V. Bradshaw, M.B., B.S., D.OBST.R.C.O.G.	,, No. 19 (Todmorden)
D. S. Pickup, M.B., B.S., L.M.S.S.A.	,, No. 19 (Todmorden)
*B. R. Ellis, M.R.C.S., L.R.C.P.	,, No. 20 (Colne Valley)
*W. P. B. Stonehouse, M.A., M.R.C.S., L.R.C.P., D.P.H.	,, No. 20 (Colne Valley)
†E. D. Shaw, M.B., B.CH., B.A.O.	,, No. 20 (Colne Valley)
†*J. J. Smith, M.B., CH.B., D.P.H.	,, No. 22 (Wortley)
S. Lindsay, M.B., CH.B.	,, No. 22 (Wortley)
T. M. B. Rohan, M.B., B.CH., B.A.O.	,, No. 22 (Wortley)
†*E. E. Cromb, M.B., CH.B., D.P.H.	,, No. 23 (Hemsworth)
†J. Hayes, M.B., CH.B.	,, No. 23 (Hemsworth)
†K. O'Bierne, M.B., CH.B.	,, No. 23 (Hemsworth)
†S. G. A. Henriques, M.B., CH.B.	,, No. 25 (Barnsley)
T. F. M. Jackson, L.R.C.P., L.R.C.S., L.R.F.P.S.	,, No. 25 (Barnsley)
†M. R. Menzies, M.B., CH.B., D.C.H.	,, No. 26 (Wath upon Dearne)
†A. Kropacz, L.R.C.P., L.R.C.S.	,, No. 27 (Adwick le Street)
†M. T. Burton, B.A., L.M.S.S.A., L.M.	,, No. 28 (Doncaster)
†C. M. Dornan, M.B., B.CH., B.A.O.	,, No. 28 (Doncaster)
†R. B. Laidlaw-Becker, M.D., CH.B., M.R.C.S., L.R.C.P., D.P.H., D.P.M.	,, No. 29 (Thorne)
†*B. R. A. Demaine, M.B., CH.B., D.P.H.	,, No. 30 (Mexborough)
†H. F. Fullwood, M.B., CH.B.	,, No. 30 (Mexborough)
*M. E. O'Neill, M.B., CH.B., D.P.H.	,, No. 31 (Rotherham)
†M. J. Hallinan, M.R.C.S., L.R.C.P.	,, No. 31 (Rotherham)
†J. Lodwick, B.A., M.B., B.CH.	,, No. 31 (Rotherham)

121 General Medical Practitioners who act as Child Welfare Centre Medical Officers and are employed on a sessional basis. This is the equivalent of 14·10 whole-time Assistant County Medical Officers.

*Senior Assistant County Medical Officer and School Medical Officer.

† Woman

OBSTETRICIAN (Joint Appointment with Hospital Services)

J. C. MacWilliam, L.R.C.P., L.R.C.S., L.R.F.P.S., D.OBST.R.C.O.G.

CHEST PHYSICIANS (Joint Appointments with Hospital Services)

SHEFFIELD REGION

D. H. Anderson, V.R.D., M.D., B.CH., B.A.O., D.P.H.
H. A. Crowther, M.A., M.R.C.S., L.R.C.P.
F. C. N. Holden, M.D., B.S., M.R.C.S., L.R.C.P.
A. C. Morrison, M.D., CH.B., D.P.H.

LEEDS REGION

R. G. Benians, M.A., M.D., B.CHIR., M.R.C.P.
D. J. Charley, M.D., B.S., M.R.C.P., M.R.C.S.
J. A. Dick, M.B., CH.B.
R. S. Donaldson, M.D., CH.B., D.T.M., D.P.H.
P. A. Duke, M.D., CH.B., D.P.H.
G. F. Edwards, M.B.E., M.B., B.S., M.R.C.S., M.R.C.P.
H. Grunwald, M.D. (VIENNA).
W. D. Hamilton, M.B., B.CH., B.A.O., D.P.H.
G. Henry, M.B., B.CH., B.A.O.
D. A. Herd, L.R.C.P., L.R.C.S., L.R.F.P.S.
J. W. Jordan, M.D., B.S., M.R.C.S., M.R.C.P.
B. T. Mann, B.SC., M.D., CH.B., D.P.H.
†M. S. Oxley, M.B., CH.B., T.D.D.
H. E. Raeburn, M.D., B.S., L.M.S.S.A., D.P.H.
A. D. Rankin, M.B., CH.B., D.P.H.
V. Ryan, M.D., B.CH., B.A.O., D.P.H.
J. K. Scott, M.B., CH.B., M.R.C.P., D.P.H.
D. K. Stevenson, M.B., CH.B., M.R.C.P.
J. Viner, M.B., CH.B.
J. Y. Walker, M.B., CH.B., D.P.H.
R. N. Walker, M.D., CH.B., D.P.H.
A. Weleminsky, M.D. (PRAGUE).
S. P. Wilson, M.SC., M.D., CH.B., D.P.H.

OTHER SPECIALIST STAFF

There are 58 Ophthalmic, 15 Ear, Nose and Throat, 17 Orthopaedic, 17 Paediatric, 1 Dermatological and 1 Cardiac clinics, the service of Consultants or Senior Hospital Medical Staff being supplied by either the Regional Hospital Boards or Leeds University.

ORTHODONTIC CONSULTANT

†R. Sclare, DIP. ORTH., R.C.S. (ENG.), L.D.S.

SENIOR DENTAL OFFICERS

J. M. Enderby, L.D.S.
E. Millward, L.D.S.

SCHOOL DENTAL OFFICERS

I. F. Ash, B.CH.D.
W. J. Brown, L.D.S.
G. H. Bulcock, L.D.S.
F. W. Buzza, L.D.S.
B. C. Clay, L.D.S.
†J. M. Davison, L.D.S.
W. H. Dyke, L.D.S.
J. K. Ellwood, B.CH.D.
C. H. Elphick, L.D.S.
P. F. A. Eltome, L.D.S.
J. D. Franks, L.D.S.
†M. M. Gibson, L.D.S.
J. F. Gravely, L.D.S.
J. A. Hattan, L.D.S.
M. Hattan, L.D.S.
S. Henry, L.D.S.
†A. M. Holburn, L.D.S.
F. Kershaw, L.D.S.
S. Levinson, L.D.S.
F. Lister
E. S. Midgley, L.D.S.
S. Mitchinson, L.D.S.
D. B. Owen, L.D.S.
D. G. Rennie, L.D.S.
†J. Rothera, L.D.S.
F. H. Sanderson, L.D.S.
S. S. Sanderson, L.D.S.
†S. E. Schloss, L.D.S.
B. Sleight, B.CH.D.
H. Taylor, L.D.S.
†M. M. Thom, L.D.S.
G. A. Thompson, B.CH.D.
E. Thornton, L.D.S.
P. W. Thornton, L.D.S.
J. Todd, L.D.S.
B. Watts
H. M. Yuile, L.D.S.

12 Part-time.

† Woman

DENTAL LABORATORY

J. O. Ford, Senior Dental Technician.
9 Technicians.
2 Boy Dental Apprentices.

HEALTH VISITORS, MIDWIVES, MEDICAL AUXILIARIES, Etc.

6 Divisional Superintendent Health Visitors.
302 Health Visitors and School Nurses.
7 Orthopaedic Nurses and Physiotherapists (4 part-time).
2 Psychiatric Social Workers (1 part-time).
11 Tuberculosis Visitors.
292 Home Nurses and Home Nurse Midwives.
190 Midwives.
1,927 Domestic Helps.
4 Venereal Diseases Social Workers (Qualified Health Visitors).
8 Speech Therapists (1 part-time)
1 Chiropodist (part-time).
15 Mental Health Social Workers.
23 Teachers of the Mentally Handicapped (2 part-time).
51 Dental Attendants.

COUNTY ANALYST (Part-time)

R. Mallinder, B.SC., F.R.I.C.
J. C. Harrel, F.R.I.C. (Deputy).

DAY NURSERIES

6 Day Nurseries—total nursing staff 35.

MENTAL HEALTH OCCUPATION CENTRES

7 Occupation Centres.
Staff: 7 Supervisors.
6 Assistant Supervisors.
12 Nursery Assistants (1 part-time).
2 Instructors.

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